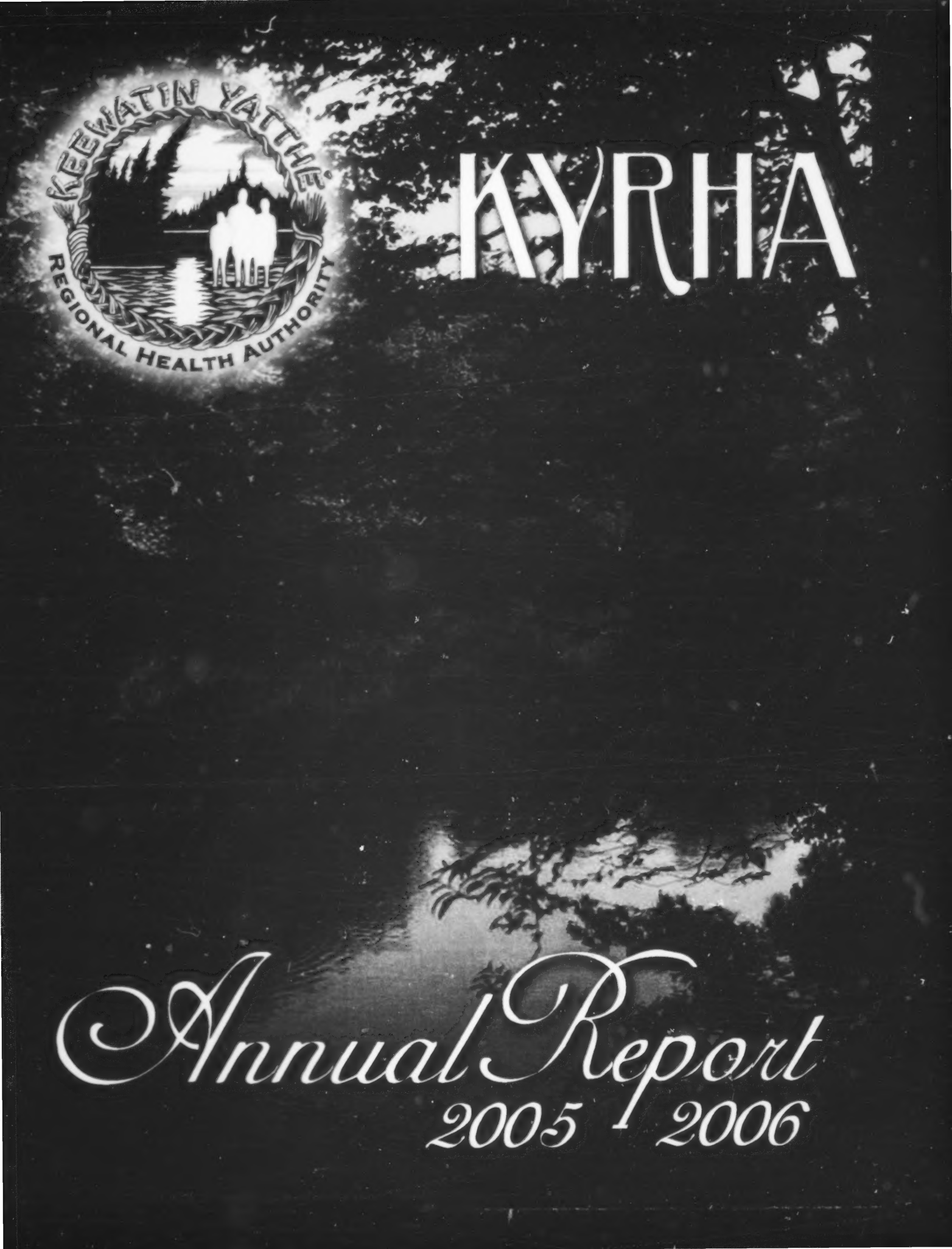

KYRHA

Annual Report

2005 2006

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The Keewatin Yatthé Health Region annual report is located on the Internet at: www.kyrha.ca

Letter of Transmittal

To the Honorable Len Taylor, (Q.C.)
Minister of Health

To the Honorable Graham Addley, (Q.C.)
Minister of Healthy Living Services

Dear Ministers Taylor and Addley,

The Keewatin Yatthé Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-2006 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

The Keewatin Yatthé Regional Health Authority has many successes during the fiscal year including the beginning of the Accreditation Process and construction of the Joint Use Facility in Ile a la Crosse. Our overall success is greatly attributed to the dedication and commitment of the staff and the dedication of the Keewatin Yatthé Regional Health Authority.

Respectfully submitted,

David Seright
Chairperson

Who We Are

The region has specific values and principles it believes in and has adopted as outlined in the Keewatin Yatthé Regional Health Authority strategic plan. The mission of the region is the **"Wholistic Health of Keewatin Yatthé Health Region Residents"**. The mission statement means:

- The concept of integration and balance of physical, mental, emotional and spiritual wellness must be portrayed in all programs and services provided.
- The recognition the health of individuals is developed and maintained within the context of the family and community.
- We must focus on the root causes of issues and problems and not just on the symptoms.

The region wholeheartedly believes in community development in that it supports and builds on existing strengths and skills of the communities within the service area.

Therefore the Keewatin Yatthé Regional Health Authority believes in improving the Health Status of the residents by creating independence through self-reliance and personal responsibility. One of the key strategies is through the development of partnerships such as First Nations Health, Kids First North and other agencies that work in the human services area such as Community Resources and School Divisions. Making change in the determinants of health is not possible without the partnerships that the region has created. This is a critical area that cannot be ignored due to the significant pressures the determinants of health such as lack of housing; unemployment; economics etc, has on the health care system which significantly impacts on service and program delivery. Therefore, one of the key strategies in addressing the many issues is contingent upon the development and sustaining of these partnerships.

The Northern Health Strategy is a step in the right direction. It is bringing the key partners to the table and it is attempting to create forums, dialogue and opportunities to discuss cross-jurisdictional issues that create barriers for clients who get caught between agencies. There have been many areas of discussion, which has resulted in sound recommendations in the areas of chronic disease; mental health and addictions; oral health. It is essential that the Northern Health Strategy must continue because the work has just begun.

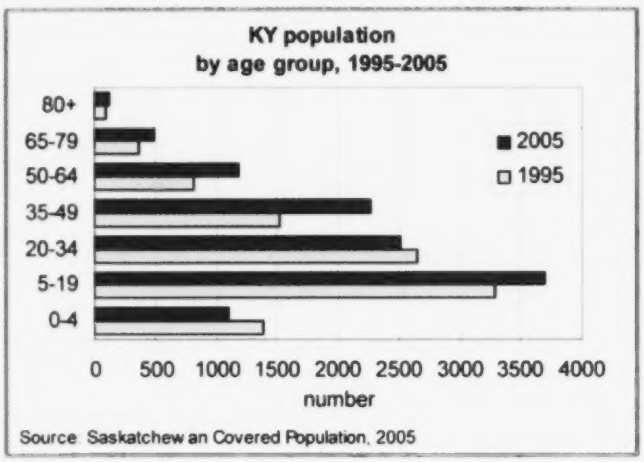
The Health Region is responsible for planning, delivery, governance, management, quality, human resources, financial, information management, communications and issues management, capital and reporting and is accountable to the people it serves. The province mandates the region to provide service through the Regional Health Services Act.

The region is structured in a way that allows the region to operate as efficient as possible. The Board of Directors set the direction, which carried out the Chief Executive Officer and management. An organizational chart is provided in the section called Governance and Transparency.

Key geographical, social and economic factors

For an in-depth picture of community characteristics and non-medical determinants of health, see the Northern Saskatchewan Health Indictor Report 2004.

- The KYHR continues to have a young population, but rate of growth is decreasing.



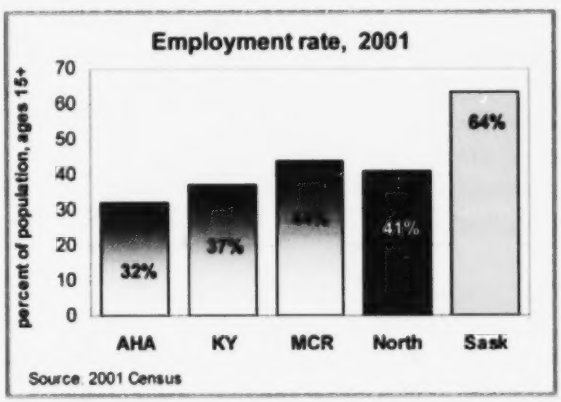
The covered population of KY health region grew an average of 1.6% per year from 1995 to 2000 and then slowed to an average of 0.8% per year from 2000 to 2005. In 2005, the population declined from the previous year for the first time, by 0.3%. By comparison the Saskatchewan population grew 0.1% from 1995 to 2000 and 0.3 % from 2004 to 2005.

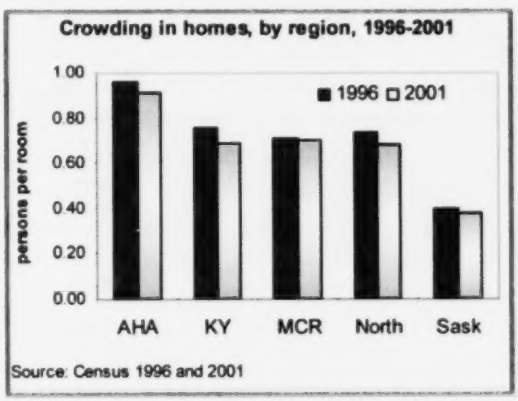
Over the past 10 years the KYHR population has decreased in the preschool and young adult age groups and increased in all others.

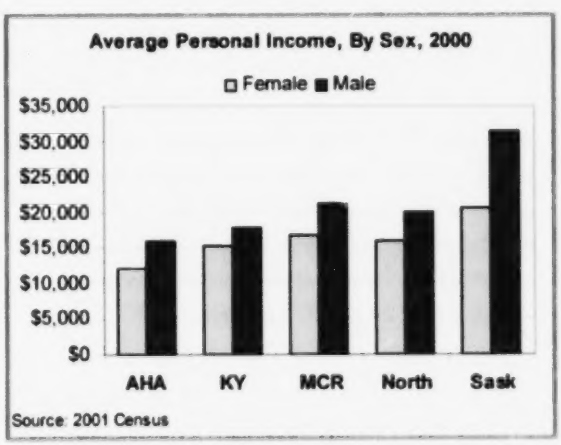
The KYHR population is 30.7% of the 2005 covered population in KYHR, compared to 19.4% in Saskatchewan, are under the age of 15

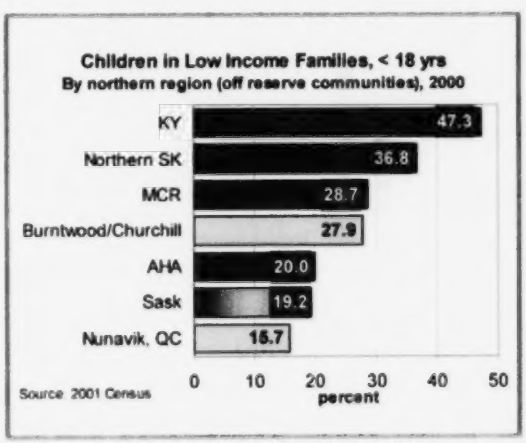
- Enrolment in northern K-12 schools grew by 3% between 1998/9 and 2005/6. Most of the growth has been in middle years and secondary enrolments and in First Nations schools. Enrollments in northern provincial kindergarten and elementary grades decreased by 33% and 26% respectively. (Northern Saskatchewan Regional Training Needs Assessment Report 2006)
- 94.5 % of the KY population are Aboriginal, compared to 13.5% in Saskatchewan (Census 2001)
- An Aboriginal language was spoken in the homes of 50.7% of northern people in 2001, up from 47.6% in 1996, compared to 3 % of Saskatchewan people, up from 2.5% in 1996.
- Approximately 35% of the population live in First Nations communities and 65% live in off reserve communities. Almost 50 % of the population are Métis people (Census 2001)
- The employment rate in KYHR was 37.2%, compared to 63.5% in Saskatchewan 2001.

- In KY HR, 47.3% of children, compared to 19.2% in Saskatchewan, are in low income families. (2001 Census)
- In the KY HR, the average personal income for males ($17,754) and females ($15,244) was 56.7% and 74.4% of the average incomes for their Saskatchewan counterparts. (Census 2001)
- Crowded housing contributes to transmission of communicable diseases. The average number of people per room decreased between the 1996 and 2001 Census years, but still remains nearly double the average for all of Saskatchewan.









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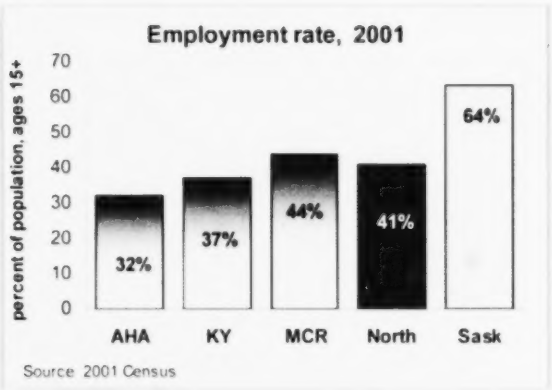
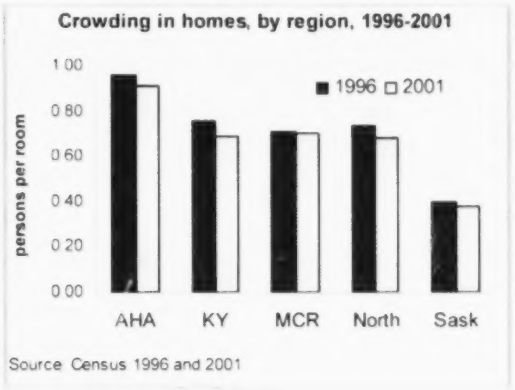
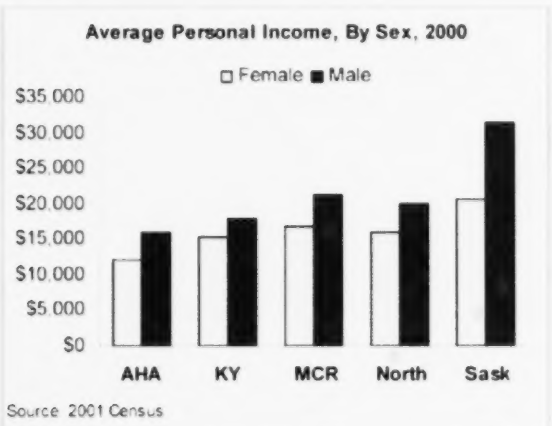
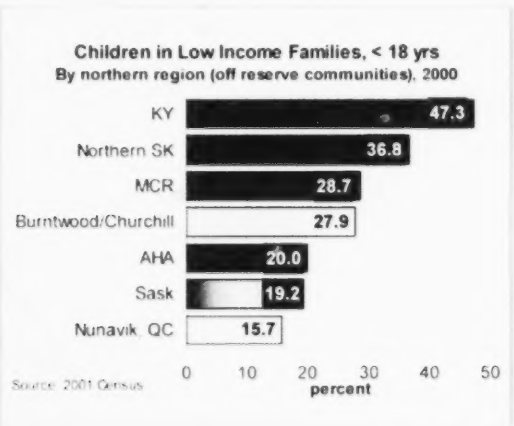








Health Status and Outcome Indicators*

- **Infant mortality rate per 1,000 live births**

  There were fewer than 5 infant deaths in the KY Health Region in the three year period of 2002 to 2004 compared to 6 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This represents more than a 30 percent decrease in the infant mortality rate (IMR) from 8.7 infant deaths per 1,000 live births in 1999-2001 to 6.0 in 2002-4. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004.

  The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past two years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.

- **Low birth weight rate per 100 live births**

  In the 3-year period of 2002-4, 4.5% of infants in KYHR were born weighing less than 2500grams, which is considered to be low birth weight. This was slightly lower that the Saskatchewan rate of 5.4 % in the same period and similar to the KYHR rate of 4.3 % in 1999-2001.

- **High birth weight rate per 100 live births**

  In the three year period of 2002-2004, 24.5% of newborns had a high birth weight (4000 + grams) in KYHR, the second highest rate of all RHAs in Saskatchewan. It was slightly higher than the rate of 22.3% of live births for KYHR in 1999-2001 and 1.6 times the Saskatchewan rate in 2002-4.

- **Potential years of life lost per 100,000 population (age 0-74 years) by major causes of death**

  Potential years of life lost (PYLL) are the years not lived to the age of 75 because of premature death. This measure is affected by the causes of deaths in children, and younger and middle-aged adults. For the 2001 PYLL by major causes of death among all eleven Saskatchewan health regions, the combined Northern Health Regions ranked 8th for circulatory diseases, 11th for all cancers combined, 10th for respiratory diseases, 1st for suicides, and 1st for unintentional injuries. The last two

causes of premature death are higher in the younger age groups, which are in higher proportions in the north.

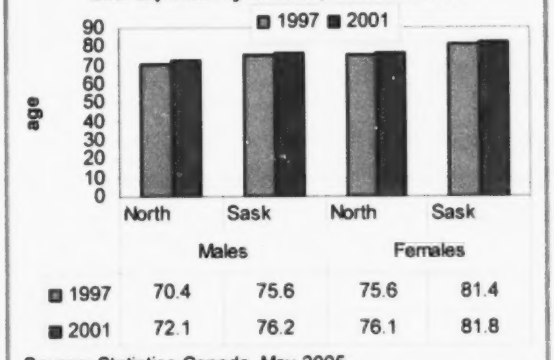
- **Life expectancy (at birth and at age 65 years)**

  The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.

  The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer.

  Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty.

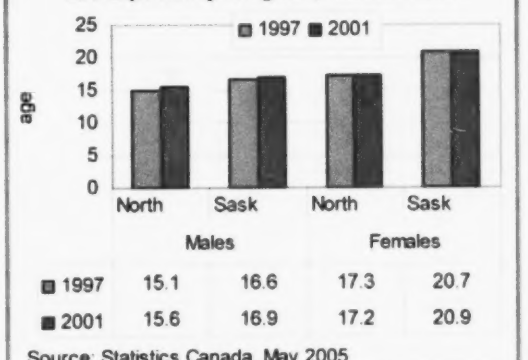
Life Expectancy at Birth, 1997 and 2001



	Males		Females	
	North	Sask	North	Sask
1997	70.4	75.6	75.6	81.4
2001	72.1	76.2	76.1	81.8

Source: Statistics Canada, May 2005

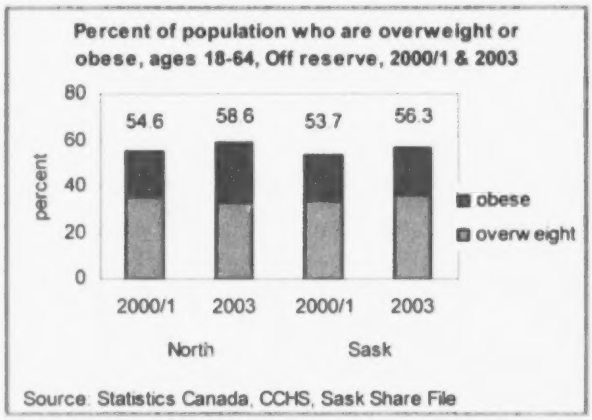
Life Expectancy at Age 65, 1997 and 2001



	Males		Females	
	North	Sask	North	Sask
1997	15.1	16.6	17.3	20.7
2001	15.6	16.9	17.2	20.9

Source: Statistics Canada, May 2005

- **Percentage of population (age 18 to 64 years) who are overweight or obese**



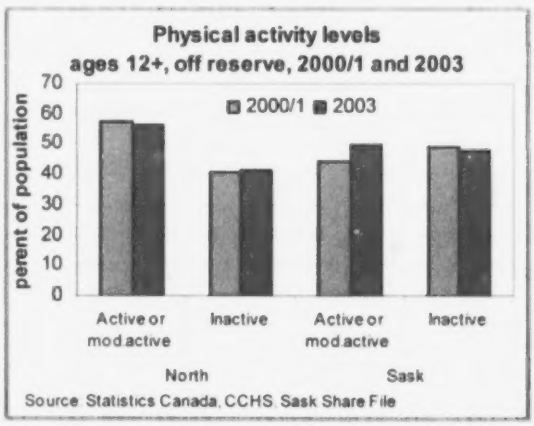
In 2003 in northern Saskatchewan, 58.6% of people ages 18 to 64 reported being overweight or obese in comparison to 56.3% of Saskatchewan residents

From 2001/2 to 2003, the percent of northern Saskatchewan people who were overweight decreased almost 2%, but the percent of people who were obese increased almost 6%. There were smaller increases in both the overweight and obese population in all of Saskatchewan in the same time period.

People who are classified as overweight have a Body Mass Index of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others.

Prevention and health promotion activities continue at a regional level as well as at a north wide level via the Northern Healthy Communities Partnership. Prevention strategies that focus on healthy eating and physical activity have been expanded to include promotion of mental well being and prevention of substance abuse in order to be more wholistic in approach. A northern round table on Food Security was held in the fall of 2005.

- **Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive**



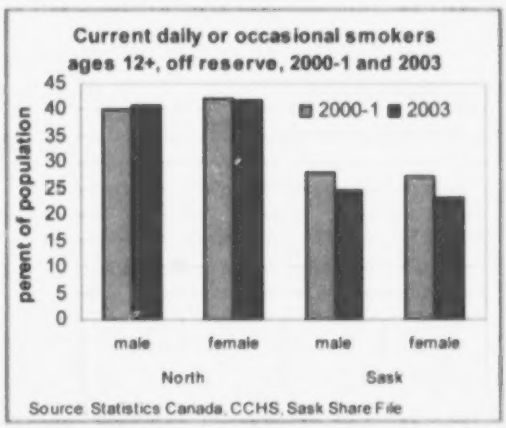
In 2003, the northern health areas had the highest percentage of people who reported participating in moderate or active levels of physical activity during leisure and work time (56.1% compared with 49.8% for all of Saskatchewan). They also had the lowest proportion reporting inactivity (41.0% compared with 47.8% for Saskatchewan).

However while the percent of people who were active or moderately active

increased in Saskatchewan from 2000-1 to 2003, it decreased in northern Saskatchewan. Levels of inactivity increased slightly in the north, but decreased in all of Saskatchewan. The Canada Community Health Survey also found that the level of physical activity during leisure time declined among northern youth ages 12-19 and among northern men, but increased among northern women from 2000-1 to 2003.

In 2005-2006, the Northern Healthy Communities Partnership, with major input from the recreation sector, created a Northern Saskatchewan Physical Activity Action plan to build on existing strengths and help to coordinate existing northern strategies.

- **Percentage of population (age 12 years and over) who are current, daily or occasional smokers (smoking rate)**



In 2003, northern males (40.7%) reported being smokers more often than Saskatchewan males (24.6%). Northern females (42%) reported being smokers more often than Saskatchewan females (23.1%) and northern males. The 2003 rate of smoking was slightly increased from 2000-1 for northern males and decreased for northern females, and all Saskatchewan males and females.

The 2003 CCHS also reported that 51.7 percent of northern youth aged 15 to 19 were daily or occasional smokers, a rate 2.5 times higher than for youth across the province.

Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, SIDS, and diabetes.

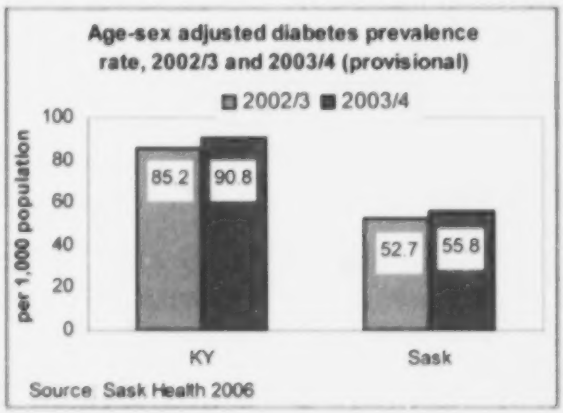
Coordinated health promotion actions to address northern smoking rates are needed. The Northern Healthy Communities Partnership is developing a north-wide health promotion strategy, with actions that will support regional and community strategies. Compliance with the provincial ban on smoking in public places has been very good.

- **Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent**

The proportion of northern residents who rated themselves as having very good or excellent health status dropped 1.3% (to 51.2%) from 2000-01 to 2003, while the same proportion increased 2.7% (to 59.5%) for Saskatchewan residents.

Self-rated health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function.

- **Age-adjusted diabetes prevalence rate per 1,000 population**

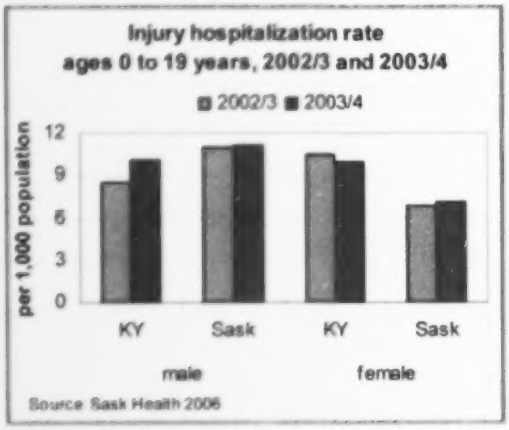


The number of people living with diabetes (prevalence rate) in the KY health region increased from 46.2 to 50.2 per 1000 population from 2002/3 to 2003/4 (crude rate).

As the middle aged and elderly population (who have higher rates of diabetes) make up a smaller percent of the northern population compared with the rest of the province, age-sex adjustments to the rates allow for comparisons across the province. The age-sex adjusted prevalence rate rose 5.3/1000 to 90.8/1000 in the KY health region and 3.1/1000 to 55.8/1000 in all of Saskatchewan from 2002/3 and 2003/4. This rate in KY HR was the second highest among all the health regions and 1.6 times that in the whole province.

In 2005-2006 all three northern health authorities participated in the Shared Paths project of the Northern Health Strategy to develop recommendations to coordinate and enhance services to northerners living with diabetes. The Northern Health Strategy working group will continue work towards a more seamless delivery of treatment options to all northern people. KYRHA is also participating in the Health Quality Council's Chronic Disease Management (CDM) Collaborative focused on improving care and outcomes for people living with diabetes or coronary artery disease.

- **Injury hospitalization rate per 1,000 population (age 0 to 19 years)**

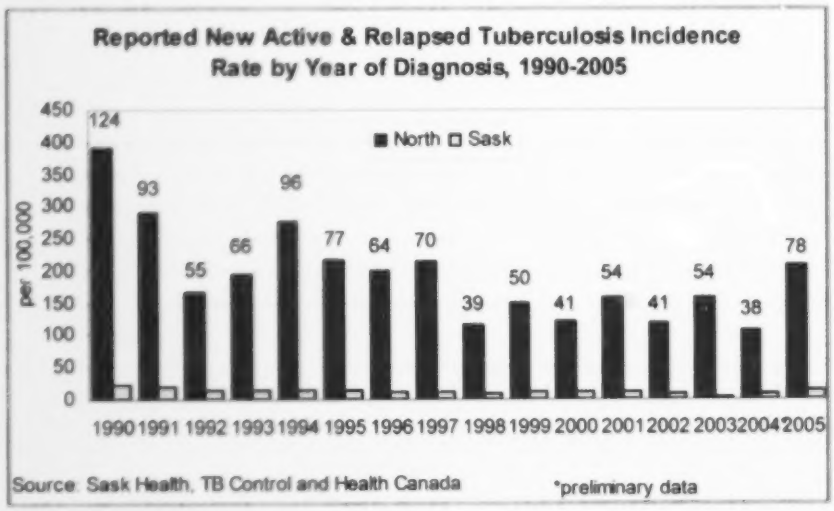


The rate of hospitalization for injuries in children and youth ages 0 to 19 was 10.1 per 1000 for KY males in 2003-4, an increase from the previous year, and 9.9 per 1000 for KY females, a decrease from the previous year. The same rates were higher in Saskatchewan males than KY males, and lower in Saskatchewan females, compared to KYHR females.

The relatively small numbers of injury-related hospitalizations can lead to widely fluctuating rates from year to year, which may explain the decreasing rate among KY HR females for 2002/3.

- **Emerging Issues**

Tuberculosis in Northern Saskatchewan



Tuberculosis continues to be a health problem in northern Saskatchewan.

From 1990 there was a reduction in the rate of TB in northern Saskatchewan, from almost 400 cases per 100,000 population to about 200 per 100,000 in 1997. The northern rate remained relatively level with some ups and downs from 1998 to 2004. In 2005, the rate almost doubled in Saskatchewan, with over 55% of cases occurring in northern Saskatchewan (preliminary data). In 2005, 21 cases (or about 27% of the northern cases) were located off-reserve in KYHR, with over half being diagnosed as infectious cases. Northern Métis and First Nations peoples are the most affected.

2005-2006 Results at a glance

The goals and objectives of the health region are consistent with the broad provincial goals for the health system as per Saskatchewan Health Care Provincial Plan

Goal 1 - Improved Access to Quality Health Care

- Ensure accessible health services for all region residents
- Develop/maintain facilities and services to meet the goal of reasonable access.
- Promote/develop Primary Health Care Services as per Saskatchewan Action Plan Guidelines.
- Strive for excellence in the quality of care, in the quality of the workplace, and in the qualifications, skills and attitudes of staff.
- Ensure the standards of care and range of services meet provincial and national standards.
- Participation with Chronic Disease Management Collaborative in Ile a la Crosse
- Accreditation process - Self assessments by individual teams
- Improved communications
- Northern Health Strategy Work and partnership
- Meetings and work with Meadow Lake Tribal Council

Goal 2 - Effective Health Promotion and Disease Prevention

- Support the physical, mental, emotional and spiritual wellness of region residents.
- Promote healthy lifestyles
- Increase awareness of those activities, attitudes, beliefs, principles, and initiatives that lead to healing and healthy lifestyles.
- Develop linkages/networks to support healing and healthy lifestyles
- Population Health promotion strategy

Goal 3 - Retain, Recruit and Train Health Providers

- Establish and develop a Human Resources Recruitment, Retention and Training Strategy.
- Eight Nursing, two Combined Laboratory X-Ray Technologist (CLXT's) and one pharmacology student supported by Regional bursary program.
- One (northern) CLXT working in La Loche and another student to complete later in 2006.
- Organizational Wellness Coordinator position filled and functional
- Nine General Duty nurses recruited...Three from Sask., four from the Philippines and two from Ghana.
- One Nurse Manager recruited from Eastern Canada.
- Fourth physician position filled in La Loche.
- Staff recognition ceremonies held in four locations in the Region.
    - Acknowledgement of all staff that had more than 5 years service and some very long service awards
    - Opportunity to have staff to meet the local Board members. These were very well attended in all locations.

Goal 4 - A Sustainable, Efficient, Accountable and Quality Health System

- Fiscal responsibility via the provincial accountability document.
- Provision of quality health services while ensuring the efficient, effective and economical use of available resources.
- Assess potential risks in a timely fashion ensuring an appropriate resolution of issues.
- Ensure consistent financial performance measurement and reporting.
- Ensure the financial plan reflects the strategic plan.
- Implemented the communications plan
- Ensured appropriate monitoring of overtime and sick time trends by drafting an attendance management program.

2005-2006 Performance Results

The Keewatin Yatthe' Regional Health Authority's (KYRHA) strategic direction is determined by the region's residents, other stakeholders and the four broad provincial goals of improved access to quality health services, effective health promotion and disease prevention, retain, recruit and train health providers and a sustainable, efficient, accountable, quality health system.

Established indicators assist management in measuring progress and developing strategies to obtain goals.

Goal 1 - Improved Access to Quality Health Care

Access to quality health care services is of paramount importance for region residents. Throughout the year various strategies are employed to enhance access to quality health care as noted in the previous section "Results at a Glance".

Other non-health determinants such as, geography, travel distances, road conditions, weather, incidence of low income continue to pose a challenge to access and are for the most part out of the region's control.

Primary Health Services

- Develop/maintain facilities and services to meet the goal of reasonable access.
- Promote/develop Primary Health Care Services as per Saskatchewan Action Plan Guidelines.
- Participation with Chronic Disease Management Collaborative in Ile a la Crosse
- Assessment of traffic flow to determine peak patient periods in primary health sites
- Reorganization of patient appointment schedules to improve timely access to services in primary health sites
- Team building with different disciplines to enhance case management practices
- Electronic tracking of client information to facilitate quality care

Barriers

- Staff/management buy in to primary health principles – team building efforts involving all service providers and management implemented
- Language barriers – English as a second language for the majority of clientele within the region was addressed by ensuring appropriate translation supports

- Communication barriers – through community meetings and other modes of communication as well as Practioners consultations issues were addressed

- Standing Orders for all blood work to facilitate a more complete and comprehensive appointment – standing orders to be implemented in 2006-07.

- Increasing chronic disease rates – incorporating a patient self-management group support program commencing 2006-07.

Dashboard Indicator: The percentage of the population with geographic proximity to a primary health care team - 100% of the region's residents are in close geographic proximity to a primary health care team. The two central teams situated in La Loche and Ile a La Crosse provide access to residents situated in adjacent satellite communities.

Goal 2: Effective health promotion and disease prevention

The health region continues to work in **partnership** with the Mamawetan Regional Health Authority, Athabasca Health Authority and other northern intersectoral partners on the northern population health promotion strategy, known as the Northern Healthy Communities Partnership (NHCP).

The NHCP continues realignment of its model to ensure alignment with the four priority areas of mental well-being, decreased substance use/abuse, accessible nutritious foods and active communities. Significant time and effort is dedicated to the NHCP through senior and program staff involvement in the four working groups to ensure a north wide coordinated approach to action. It is taking some time to align the population health promotion strategy with the strategic direction of the health region.

At the regional level a variety of upstream **primary prevention approaches** continue to be supported such as:

- Healthy Choices for Youth (focus is on the promotion of healthy choices/lifestyles)

- Region wide walking for wellness program – promotes the importance of healthy living and active living.

- Annual Regional Diabetes Conference – designed to facilitate awareness on primary prevention diabetes strategies.

- Breastfeeding Initiative Group – actively promotes, facilitates awareness on the benefits of breastfeeding and advocates for the development of healthy public policies that create supportive environments for moms.

- Integration of Mental Health and Addictions – to ensure a seamless continuum of services that enhances case management and case coordination. To facilitate an increased emphasis on health promotion and disease prevention.

- Staff in-services on the population health promotion strategy (NHCP) emphasizing the importance of an upstream primary prevention focus in any new initiatives.

- Realignment of the health education program to ensure a population health promotion focus in community based programming.

- Community Capacity Building – establishing local critical incident response teams enhancing community participation.

It has indeed been challenging for clinicians to focus on upstream, primary prevention strategies while they are encumbered with the everyday pressures of ensuring adequate clinical treatment support to clients. Ongoing staff training continues to be necessary to ensure the shift from a treatment-oriented model to that of a broader based population health promotion model. To help support this paradigm shift the region gratefully acknowledges the enhanced funding support through Project Hope for the provision of a regional prevention services coordinator.

Dashboard Indicator: Percentage of facilities in compliance with the Tobacco Control Act in the category that includes: billiard halls/bingo establishments/bowling centers/casinos/restaurants/taverns. Data currently not available.

Goal 3: Retain, recruit and train health providers

Recruitment and Retention is critical as it affects our ability to deliver service. We offer northern retention incentives, subsidized housing, and additional northern benefits negotiated through the collective bargaining process. We work with multiple recruiters to access off shore nurses this leads to higher than normal staff turnover. We have an extensive education program for local residents pursuing a health career, which includes, bursary support, and summer student employment with guaranteed employment upon completion of training. Despite all our best efforts turnover of non-resident Registered Nurses continues therefore our investment in local people in training and development to ensure long-term sustainability and a representative workforce is an ongoing priority.

Staff recognition ceremonies were held in four localities acknowledging all staff that had more than 5 years of service. It was an opportunity for staff to meet regional board members and the community to show their appreciation. The recruitment of a regional wellness coordinator has been instrumental in the initiation of a culture of organizational wellness.

Sick time costs drained much needed funds from the system. The Attendance Management Program was slow in developing. With templates and proven processes in place from other Health Regions, we continued to strive for completion. This should help to improve sick time used. Sick time usage is directly proportionate to overtime costs

Physician engagement in the process is key to the success of reducing sick leave in the region. Physician turnover within Northern Medical Services continued to pose a challenge in maintaining physician involvement.

Number of wage-driven premiums - The sick time and recruitment and retention issues lead to the use of excessive overtime. Lack of casual pool also contributes. Community demand and expectations is a barrier to efficient service delivery. A change in operational approach resulted in an increase in this dashboard indicator.

Distribution of health system full time equivalents by affiliation - The distribution of our health professionals increased by 2.4 in health sciences and 4.65 in nursing. Although the region is committed to health promotion and disease prevention the provision of nursing positions continued to supersede that of community based supports.

Number of lost time WCB days per 100 full time equivalents - Even though our claims are on par with the balance of the province, appear to be shorter in duration, our ultimate target is zero claims. However we do anticipate that the improved awareness and safety promotional campaigns may increase the number of reported incidents.

Percentage of employees self-identifying as aboriginal – we feel that forcing employees to self identify as aboriginal is culturally inappropriate. However, we estimate our workforce to be approximately 70-90% aboriginal.

Goal 4: A sustainable, efficient, accountable, quality health system

Accreditation
The health region applied to the Canadian Council on Health Services Accreditation (CCHSA) to conduct the region's first accreditation survey in December 2006. This application has been approved. Staff is actively involved in the self-assessment process. A total of seven teams have been established.

Client Concern Handling Process/Risk Management
Awareness of the client concern handling process was on going throughout the year to ensure both clients and staff understand the concern handling process. Staff in-service on the Critical Incident reporting system continued throughout the year in a variety of venues. The Quality of Care Coordinator participated on the Provincial CIO privacy-working group.

There were 59 **Client Concerns** received in 2005-06, 50 of the concerns were resolved. 42 (71%) of the concerns were resolved within 30 days

Dashboard Indicator: Percentage of critical incidents meeting timeframe for notification (3 days) for the Keewatin Yatthé Health Region is 100% for the year 2005-2006.

Financial Summary

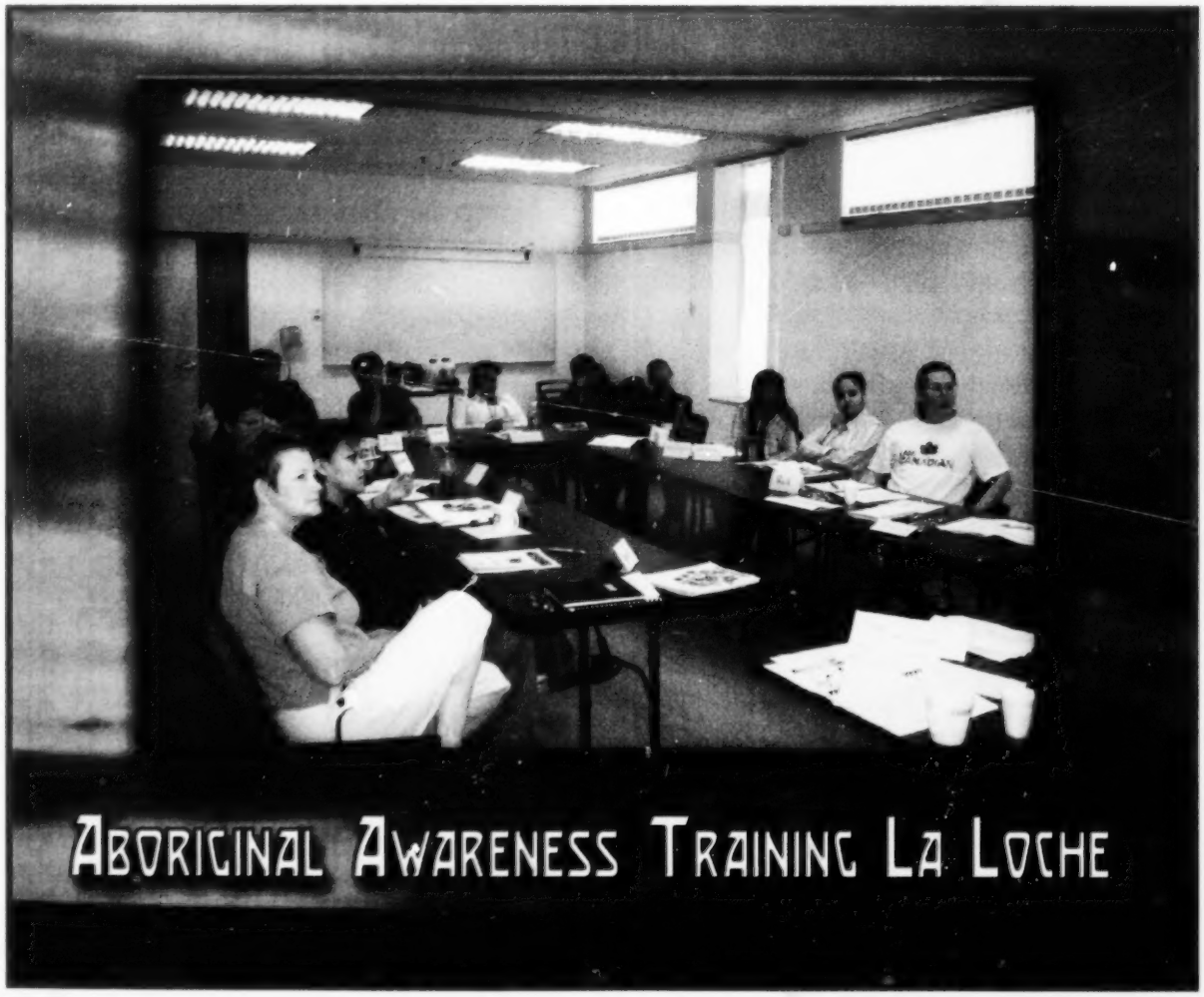
The region's **financial performance** resulted in a $226,000 deficit. The region restated its prior year's financial statements to reflect $184,000 deficit due to the amalgamation of its affiliate. Areas that contributed to the deficit were as follows: staff shortages, lab and x-ray resulting

in a disproportionate amount of resources being allocated to overtime. As a result the region spent $1.2 million on overtime alone. This figure represents 6% of the operating budget. This shortfall has had a significant negative impact on the provision of community health services.

The region is also faced with the risk of shortfalls for capital funding. The region is currently fundraising for capital equipment for the new facility in Ile a la Crosse. Fundraising resources are limited, due to the socio-economic conditions of the region. To fundraise for capital equipment replacement will be difficult especially in the areas of ambulances and specialized medical equipment.

The region is working diligently to develop strategies to mitigate both operating and capital risks.

Dashboard Indicators: The region can operate for 3.88 days on working capital. The actual operating deficit was 1.1% of total expenditures. Expenditures in program support funding pool were well within the 12% threshold, at 10.5%.



ABORIGINAL AWARENESS TRAINING LA LOCHE

Recruitment and Retention

The increasing difficulties **to recruit and retain** qualified staff.
There is no casual pool of professional staff, due to geographic location and RN casuals coming from full time positions in other RHAs, which leads to all replacement staff to be at double time.

Housing
Housing for all staff is a concern.

Region supplied housing for staff is at a premium for many reason such as:

- A lack of or limited amount of market housing in health region communities
- Social housing is too costly for all of our employees.
- Local people who applied for "northern remote housing" as entry-level employees or before working for us could qualify, but at a certain level within our employment, this option becomes unavailable.
- This leads to reliance of regional housing, and we have no where near enough for all professional staff.... so a large inequity occurs in that a northerner who is an RN, CLXT, EMT is not afforded access to Regional housing and thereby, receives no subsidy.
- Market housing that does exist in some of our communities is at a premium with the "Ft. Mac Murray Alberta Influence" since the announcement of the Ft. McMurray road. This disallows/discourages new hire from acquiring housing. Further pressure on Regional housing, as it becomes a recruitment negotiation.

Capital Facility Replacements
The replacement of existing facilities in Beauval, Buffalo Narrows and Green Lake continue to be a priority for the region. There are many issues with shortage of space, overcrowding and older building issues. The regional offices are spread out over five separate buildings therefore lease costs and operating expenses are excessive. The region continues to work with Saskatchewan Health Capital Branch to plan for the replacement of these facilities.

Project Hope
A new three-year plan to prevent and treat substance abuse. The plan includes new front-line programs and services across the province, but highlights for the North include:

- community mobile treatment programs;
- enhanced youth and outpatient andoutreach services with cross-trained addictions and mental health workers; and new prevention staff and resources

Community Based Nutrition
Funding support in the amount of $75,000 received from the Public Health Agency of Canada will end in 2006 and further funding is subject to an annual application process.

Population Health Promotion
As part of our strategy, continuous staff and community training and education will be required to ensure an effective approach to disease and injury prevention.

Utilization Growth
It is anticipated that the construction of the road to Ft. Mac Murray will bring major demographic changes. The extent of the impact is uncertain at this time.

Administrative capacity
As the need for reporting increases, it is becoming more difficult to meet expectations, given the current levels of administrative staff. The health region experiences difficulties in the area of data collection and analysis. Assistance and training in Information Management Strategies and evidence-based decision-making is necessary.

Technological Enhancements
The implementation of Integrated Clinical Systems (ICS), MDS Rugs; patient demographic information system, PIP and refreshment of desktops will tax the capacity of our regional staff. Within the next three years the region will need to have implemented two of the required IC Systems and a semi-digital lab system.

Voice Over Internet Protocol (VOIP)
VOIP over community net will eliminate long distance and equipment rental costs to any of the facilities that use it. The region is exploring the possibility of implementing VOIP over community net in the new facility in Ile a la Crosse. Push to talk cell phone service could eliminate some of the communication issues around the discontinuation of the fleet net service. However, cell phone coverage is still not the best in this region. There are many areas that are not serviced at this time. Emergency Medical Services will need to continue the use of the Fleet Net until a provincial solution is found.

Accreditation
The region is very pleased to be embarking on the first accreditation survey scheduled for December 2006. Unfortunately, the pressures related to this region-wide accreditation are primarily related to human resources, financial and travel costs. Approximately 20% of staff will be involved on an accreditation team. To participate, many of these staff will have to be replaced, often at double time. Travel to meetings and training sessions will be costly due to the vastness of the region.

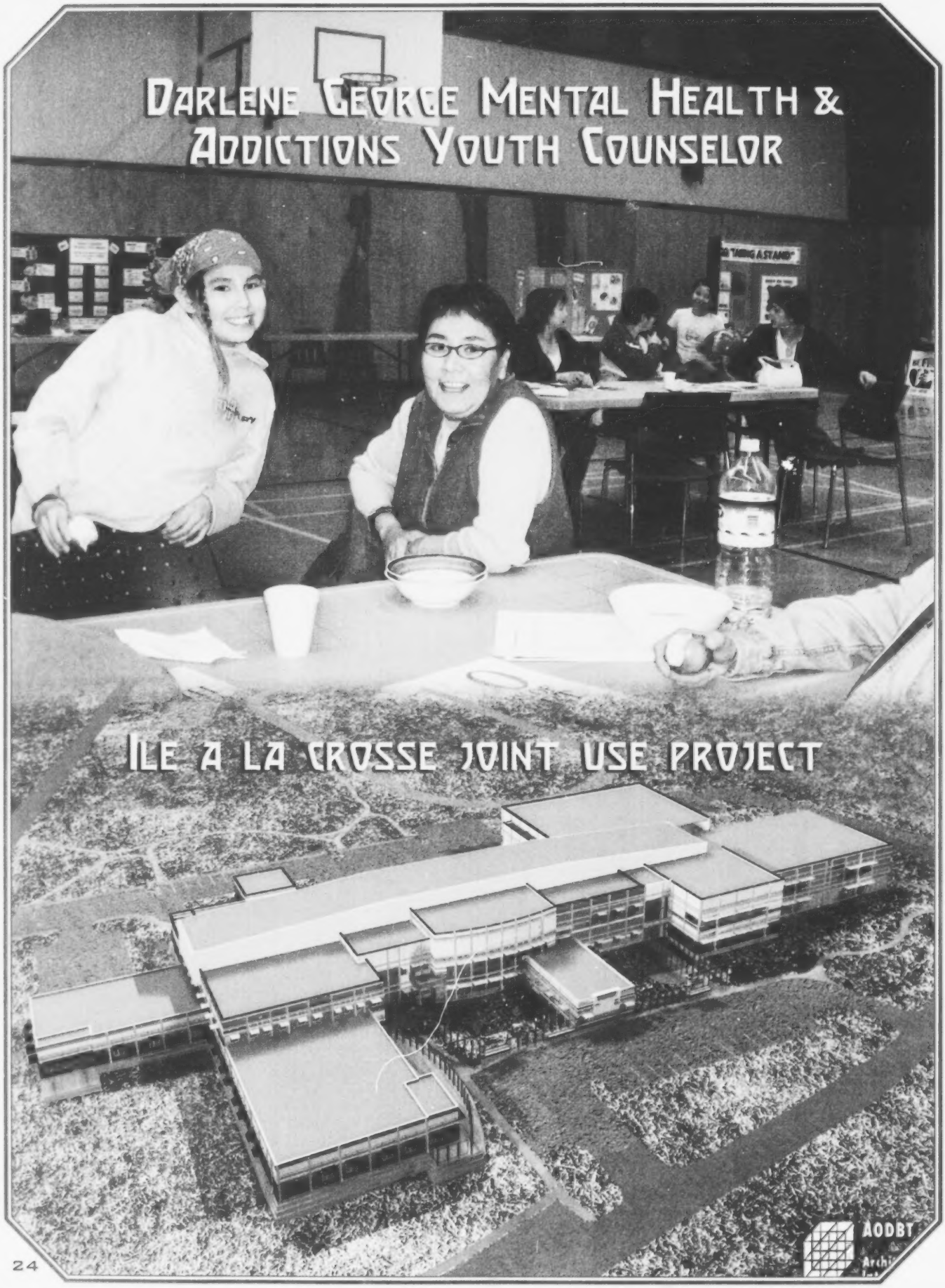
Privacy
Training for all staff is crucial to comply with the Health Information Protection Act, PIPEDA and other privacy related legislation. Alterations are required in region facilities in order to ensure privacy during collection of patient information.

Pandemic planning/Infection Control
The Region is undertaking steps toward Pandemic Planning within the resources available.

Ile a la Crosse Integrated Facility
The new facility is expected to be open in August 2007. This new facility is larger than the existing one therefore; increased operating costs need to be considered in utilities and other areas yet to be determined.

Medical transportation
This program although worked fine in the past is no longer meeting the needs of clients and area residents. Alternative transportation options such as Saskatchewan Transportation Company (STC) need to be explored.

Intermediate Air Medivac
A working group involving departmental representatives and the regions are working through a process of program review.


DARLENE GEORGE MENTAL HEALTH &
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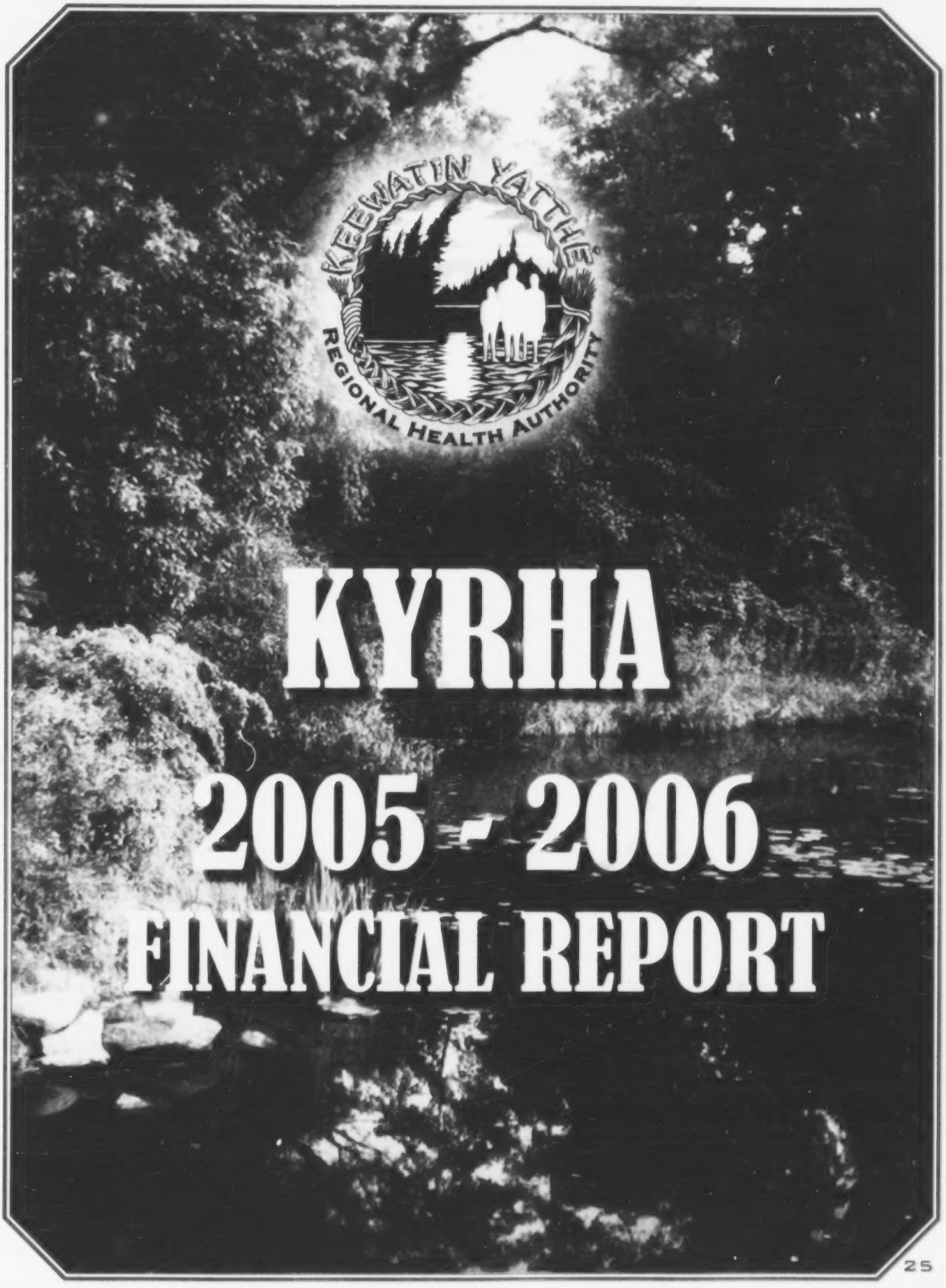


KYRHA

2005 - 2006

FINANCIAL REPORT

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2006 and the statements of operations and changes in fund balances, cash flow, and supporting schedules for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Chartered Accountants
Prince Albert, Saskatchewan
April 27, 2006

Management Report

May 25th, 2006

Keewatin Yatthé Regional Health Authority

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Carol Gillis
Chief Executive Officer

Zachery Solomon
Chief Financial Officer

2005-06 Financial Report

Canadian Generally Accepted Auditing Standards require the auditor appointed by the RHA review the annual report prior to release. The auditor's review is to ensure the financial statements and auditor's reports are adequately reproduced, and to ensure any other information presented within the report is consistent with the financial statements. Once the auditor has reviewed the annual report and determined it is accurate, they will provide the RHA with permission to include their signature in the annual report.

The complete set of financial statements must be included to promote transparency. As a result, this section includes the:

- Auditor's Report – prepared and signed by the appointed auditor.
- Audited Financial Statements, Notes and Schedules – signed by the Chairperson.

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2006

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2006	Total 2005 (Note 9)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 814,536	$ 356,124	$ -	$ 1,170,660	$ 2,050,913
Accounts receivable					
Saskatchewan Health - General Revenue Fund	514,498	7,094,158	-	7,608,656	1,696,025
Other	701,508	6,389	-	707,897	583,044
Interfund receivables	911,357	-	-	911,357	189,632
Inventory	593,747	-	-	593,747	519,380
Prepaid expenses	57,047	-	-	57,047	56,158
	3,592,693	7,456,671	-	11,049,364	5,095,152
Investments	23,867	-	-	23,867	-
Capital assets (Note 3)	-	15,354,862	-	15,354,862	11,007,357
Total Assets	$ 3,616,560	$ 22,811,533	$ -	$ 26,428,093	$ 16,102,509
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 837,766	$ 1,155,944	$ -	$ 1,993,710	$ 728,833
Accrued salaries	683,019	-	-	683,019	380,322
Vacation payable	909,886	-	-	909,886	716,768
Interfund payables	-	911,357	-	911,357	189,632
Current portion of capital lease obligation	-	26,274	-	26,274	28,862
Deferred Revenue (Note 5)	937,008	-	-	937,008	1,087,277
	3,367,679	2,093,575	-	5,461,254	3,131,694
Long Term Liabilities					
Capital lease obligation (Note 4)	-	-	-	-	24,526
Total Liabilities	3,367,679	2,093,575	-	5,461,254	3,156,220
Fund Balances (Statement 2)					
Invested in capital assets	-	15,328,587	-	15,328,587	10,953,969
Externally restricted (Schedule 3)	-	251,000	-	251,000	-
Internally restricted (Schedule 3)	-	5,138,371	-	5,138,371	1,517,374
Unrestricted	248,881	-	-	248,881	474,946
Fund balances – (Statement 2)	248,881	20,717,958	-	20,966,839	12,946,289
Total Liabilities & Fund Balances	$ 3,616,560	$ 22,811,533	$ -	$ 26,428,093	$ 16,102,509

Approved on behalf of the board of directors:

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31,2006

STATEMENT 2

	Operating Fund			Restricted			
	Budget 2006	2006	2005 (Note 9)	Capital Fund 2006	Community Trust Fund 2006	Total 2006	Total 2005 (Note 9)
REVENUES							
Saskatchewan Health - General Revenue	$ 17,047,449	$ 17,075,154	$ 15,980,379	$ 8,735,000	$ -	$ 8,735,000	$ 404,250
Other Provincial Revenue		-	-	-	-	-	-
Federal Government Revenue	75,000	90,200	75,000	-	-	-	-
Funding from other Provinces		-	-	-	-	-	-
Special Funded Programs	212,752	231,585	232,481	-	-	-	-
Patient Fees	719,000	846,889	763,528	-	-	-	-
Out of Province Revenue (Reciprocal)	6,885	74,137	46,539	-	-	-	-
Out of Country Revenue		-	-	-	-	-	-
Donations		-	-	251,000	-	251,000	-
Investment Revenue	15,000	27,231	13,508	3,480	-	3,480	164
Ancillary Revenue	1,466,520	1,984,652	1,597,299	-	-	-	-
Recoveries	269,799	343,690	212,144	-	-	-	-
Other Revenue	75,000	40,760	39,077	-	-	-	-
	19,887,404	20,714,298	18,959,955	8,989,480	-	8,989,480	404,414
EXPENSES							
Province Wide Acute Care Services	73,025	48,144	55,968		-	-	
Acute Care Services	6,157,901	6,361,488	5,397,809	361,116	-	361,116	271,966
Physician Compensation - Acute		-	12,512		-	-	
Supportive Care Services	700,537	970,587	1,487,286	194,182	-	194,182	89,878
Home Based Service - Supportive Care	1,035,024	-	-		-	-	
Population Health Services	2,206,234	2,151,422	1,831,466	5,196	-	5,196	12,157
Community Care Services	1,296,791	1,270,486	1,227,219		-	-	
Home Based Services - Acute & Palliative		949,364	871,158	1,033	-	1,033	2,499
Primary Health Care Services	1,810,456	2,115,596	1,837,529	14,681	-	14,681	30,637
Emergency Response Services	1,222,948	1,470,929	1,342,467	80,371	-	80,371	90,492
Mental Health Services		-	-	-	-	-	-
Addictions Services	622,463	667,702	480,079	154	-	154	1,332
Physician Compensation - Community	1,112,748	653,766	1,018,654		-	-	
Program Support Services	2,215,254	2,201,319	1,975,711	86,132	-	86,132	92,708
Special Funded Programs	284,173	225,193	169,082	-	-	-	-
Ancillary	1,149,851	1,854,367	1,435,368	-	-	-	-
Total Expenses (Schedule 1)	19,887,404	20,940,363	19,142,308	742,865	-	742,865	591,668
Excess (Deficiency) of revenues over expenses	$ (0)	(226,065)	(182,353)	8,246,615	-	8,246,615	(187,254)
Fund Balances, beginning of year		474,946	657,299	12,471,343	-	12,471,343	12,658,597
Interfund transfers		-		-	-	-	-
Fund balances, end of year		$ 248,881	$ 474,946	$ 20,717,958	$ -	$ 20,717,958	$ 12,471,343

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year ended March 31, 2006

	Operating Fund		Restricted Fund			
	2006	2005 (Note 9)	Capital Fund	Community Trust Fund	Total 2006	Total 2005 (Note 9)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ (226,065)	$ (182,353)	$ 8,246,615	$ -	$ 8,246,615	$ (187,254)
Net change in non-cash working capital (Note 6)	(883,801)	1,149,263	(3,618,518)	-	(3,618,518)	(706,548)
Amortization of capital assets	-	-	742,865	-	742,865	591,668
Investment income on long-term investments	-	-	-	-	-	
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	(1,109,866)	966,910	5,370,962	-	5,370,962	(302,134)
Purchase of capital assets						
Buildings/construction	-	-	(4,882,729)	-	(4,882,729)	(588,255)
Equipment	-	-	(207,639)	-	(207,639)	(157,178)
Proceeds on disposal of capital assets	-	-	-	-	-	-
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	(23,867)	-	-	-	-	-
	(23,867)	-	(5,090,368)	-	(5,090,368)	(745,433)
Repayment of debt	-	(150,368)	(27,114)	-	(27,114)	(27,268)
Net increase (decrease) in cash & short term investments during the year	(1,133,733)	816,542	253,480	-	253,480	(1,074,835)
Cash & short term investments, beginning of year	1,948,269	1,131,727	102,644	-	102,644	1,177,479
Interfund transfers	-	-	-	-	-	-
Cash & short term investments, end of year (Schedule 2)	**$ 814,536**	**$ 1,948,269**	**$ 356,124**	**$ -**	**$ 356,124**	**$ 102,644**
Amounts in cash balances						
Cash & short term investments	**$ 814,536**	**$ 1,948,269**	**$ 356,124**	**$ -**	**$ 356,124**	**$ 102,644**

(See accompanying notes to the financial statements)

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights and obligations of the District Health Boards continue as the assets, liabilities, rights and obligations of the Regional Health Authority. All contracts with the former District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Keewatin Yatthé Regional Health Authority was created by the Act. The Keewatin Yatthé Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Keewatin Yatthé Health Region.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) Amalgamation of Organizations

The Act and regulations under the Act assign the Keewatin Yatthé Regional Health Authority (RHA) the responsibility to co-ordinate and deliver certain institutional and community based health services. To meet this responsibility, certain health care organizations (HCOs) were amalgamated with the RHA. In the 2005-06 fiscal year, the following HCOs amalgamated with the RHA:

St. Joseph's Hospital Corporation

b) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health-General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Ancillary revenue and patient fees are recognized in the period for which the goods or services are provided.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 ½% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or market.

g) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. Capital Assets

	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value (Note 9)
Land	$ 20,170	$ -	$ 20,170	$ 20,170
Leasehold Improvements	26,979	26,979	-	-
Buildings	11,008,830	2,474,573	8,534,302	8,909,299
Equipment	2,910,810	2,298,913	611,897	856,284
Vehicles	467,406	340,690	126,716	42,555
Construction in Progress	6,061,777	-	6,061,777	1,179,048
	$ 20,495,972	$ 5,141,155	$ 15,354,862	$ 11,007,357

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2006 commitments for acquisition of capital assets were $782,415 (2005 - $284,555). The Regional Health Authority has signed an agreement with the Department of Education to build a joint use facility in the Northern Community of Ile a la Crosse. The Regional Health Authority's share of the expected project costs are $15,055,111, with the Department of Health committing to grant $14,735,111 to the Regional Health Authority. The Department of Health has signed an agreement to provide $6,100,000 of the committed amount by August 31, 2007. The Regional Health Authority must comply with various reporting and performance restrictions regarding the Department of Health grant. Construction of a new integrated facility is underway in the Northern community of Ile a la Crosse. At March 31, 2006 total construction cost incurred were $4,773,223.

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2007	$ 507,652
2008	$ 466,454
2009	$ 466,454
2010	$ 466,454
2011	$ 466,454

c) The Region, for recruitment purposes has provided a mortgage guarantee on the "Health Care Personnel Complex" owned by the Village of Ile a la Crosse. The guarantee requires the Region to pay any rental shortfall resulting from the complex having less than 100% occupancy. During the year the Region paid $0, (2004 – $47,157) as a result of this guarantee and included this amount in the statement of operations as supplies and other expenses.

d) Equipment has been taken on lease on terms, which transfer substantially all of the benefits and risks of ownership to the Regional Health Authority and are accounted for as a "capital lease", as though an asset had been purchased and a liability incurred.

	2006			2005
	Cost	Accumulated Amortization	**Net Carrying Amount**	Net Carrying Amount
Vehicle under capital lease	$ 123,157	$113,586	**$9,571**	$30,789

The vehicle is amortized on a straight-line basis over its economic life beginning in the year of acquisition.
Minimum annual payments under capital lease on vehicle over the full lease term is as follows:

	$27,054
Total minimum lease payments	27,054
Less: amount representing interest	(780)
Total capital lease obligation	26,274
Less: current portion	(26,274)
Capital lease obligation	$0

5. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Diabetes Plan	$ 3,426	$ 2,016	$ -	$ 1,410
Paramedic Prgm	80,000	64,750	-	15,250
Primary Care	87,675	87,675	-	-
Professional Development	41,229	20,000	-	21,229
Team Development	72,760	15,668	-	57,092
Health Promotion	66,000	55,216	-	10,784
Executive Leadership Program	13,053	13,053	-	-
Hipa	27,400	-	-	27,400
Home Care Surgical Waitlist	3,000	-	-	3,000
Quality Health Workplace	52,870	52,870	-	-
Primary Care II.X	105,438	-	75,000	180,438
EMT Training	3,507	-	-	3,507
Healthline	4,000	-	-	4,000
Diabetes Educator	13,556	13,556	-	-
Retention Recruitment	500,000	-	-	500,000
Aboriginal Awareness Training	-	-	12,200	12,200
Needle Exchange	-	-	4,000	4,000
Project Hope	-	-	2,500	2,500
SESDs	-	-	6,097	6,097
Home Care STA	-	-	14,000	14,000
Project Hope	-	-	41,250	41,250
Total Sask Health	**$ 1,073,915**	**$ 324,804**	**$ 155,047**	**$ 904,158**
Non Sask Health Initiatives				
Canadian Prenatal Nutrition	$ 1,462	$ 1,462	$ -	$ -
Cameco	500	-	-	500
SGI ABI program	11,399	11,399	-	-
SGI ABI program	-	-	11,741	11,741
MCRRHA (Public Health SIMMS)	-	-	19,609	19,609
Kids First North	-	-	1,000	1,000
Total Non Sask Health	**$ 13,362**	**$ 12,862**	**$ 32,350**	**$ 32,850**
Total Deferred Revenue	**$ 1,087,277**	**$ 337,666**	**$ 187,397**	**$ 937,008**

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) Decrease in accounts receivable	$ (506,769)	$ 65,847	$ (5,530,715)	$ -	$ (5,530,715)	$ (160,477)
(Increase) Decrease in due from operating fund	(27,772)	(27,771)	34,530	-	34,530	-
(Increase) Decrease in due from capital fund	(721,725)	546,071	-	-	-	-
(Increase) Decrease in inventory	(74,367)	(129,031)	-	-	-	-
(Increase) Decrease in prepaid expenses	(889)	(28,326)	-	-	-	-
Increase (Decrease) in accounts payable	108,933	5,738	1,155,942	-	1,155,942	-
Increase (Decrease) in accrued salaries	302,697	(90,871)	-	-	-	-
Increase (Decrease) in vacation payable	193,118	120,558	-	-	-	-
Increase (Decrease) in deferred revenue	(157,027)	687,048	-	-	-	-
(Increase) Decrease in due from operating fund	-	-	-	-	-	-
(Increase) Decrease in due from capital fund	-	-	721,731	-	721,731	(546,071)
	$ (883,801)	$ 1,149,263	$ (3,618,512)	$-	$ (3,618,512)	$ (706,548)

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2006 was $1,110 (2005 - $7,014). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the table below and the financial statements at the standard rates charged by those organizations and are settled on normal trade terms. The 2005 amounts do not reflect the amalgamation of St. Joseph's Hospital.

Accounts Payables	**2006**	**2005**
Saskatchewan Association of Health Organizations	$ 1,738	$ 13,469
Saskatchewan Property Management Corporation	$ 34,094	$ 14,542
Saskatchewan Health Employee Pension Plan	$ 74,903	$ 9,430
Saskatchewan Telecommunications	$ 3,043	$ 14,089
Saskatchewan Power Corporation	$ 7,726	$ 1,021
Saskatchewan Housing Corporation	$ 8,570	$ 2,419
St. Joseph's Hospital Corporation	$ -	$ 6,804
Mamawetin Churchill River Health Authority	$ 82,540	$ 82,540

Expenses	**2006**	**2005**
Saskatchewan Association of Health Organizations	$ 468,062	$ 343,841
Saskatchewan Property Management Corporation	$ 606,945	$ 575,104
Saskatchewan Workers' Compensation Board	$ 108,977	$ 157,401
Saskatchewan Health Employee Pension Plan	$ 1,017,699	$ 719,188
Saskatchewan Telecommunications	$ 204,980	$ 154,252
Saskatchewan Power Corporation	$ 117,479	$ 92,783
La Loche Non-profit Housing Corporation	$ 57,640	$ 75,680
Public Employees Pension Plan	$ 68,830	$ 75,498
Saskatchewan Housing Corporation	$ 119,221	$ 136,011
St. Joseph's Hospital Corporation	$ -	$ 111,683
Mamawetin Churchill River Health Authority	$ 85,540	$ 85,540

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

9. Comparative Information

a) Certain 2005-06 balances have been reclassified to conform to the current year's presentation.

b) As described in Note 2a), the RHA amalgamated with one additional healthcare organization during the year. By aggregating the financial statements of the controlled organization with those of the reporting organization, the assets, liabilities, and results of operations of the HCOs are included in the financial statements for the 2006 fiscal year. The HCOs financial statements have been restated to reflect the Region's accounting policies. As a result, the 2005 comparative figures are restated as follows:

	As previously Recorded	*Restatement*	*2005 As Restated*
Assets	$ 15,299,427	$ 803,082	$ 16,102,509
Liabilities	2,850,505	305,715	$ 3,156,220
Fund balances, beginning of year			$ -
- Operating fund	306,752	350,547	$ 657,299
- Restricted funds	12,354,218	304,379	$ 12,658,597
Fund balances, end of year			$ -
- Operating fund	272,380	202,566	$ 474,946
- Restricted funds	12,176,542	294,801	$ 12,471,343
Revenue	17,200,268	1,759,687	$ 18,959,955
Expenses	17,234,640	1,907,668	$ 19,142,308
Excess of revenue over expenses	(34,372)	(147,981)	$ (182,353)

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan** (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $568,620 (2005 - $497,553) and is included in benefits in Schedule 1.

Effective January 1, 2005, contribution rates are as follows:

6.522% (2005 - 6.522%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP)
plus
8.232% (2005 - 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

11. Budget

The Regional Health Authority Board approved the 2005-2006 operating budget plans on July 12, 2006. The Regional Health Authority Board approved the 2005-2006 capital budget on July 12, 2006.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

d) Operating Line-of-credit

The RHA has a line-of-credit limit of $500,000 (2005 - $500,000) with an interest charged at 3%, which is re-negotiated annually. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2006 was $801 (2005 - $0). This line-of-credit was approved by the Minister in 1999.

13. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Contingent Liability

a) The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore; the cost of these reconsiderations cannot be reasonably determined.

b) The Region has been named as defendant in a lawsuit on behalf of "La Loche Physician Group", seeking to recover damages allegedly sustained by them as a result of a contract termination. The complaint with respect to this action generally alleges the Region breached its contract with them. The Region has filed a defence to the claim, and mediation of the claim must take place before any further steps are taken. These lawsuits remain at an early stage and, as litigation is subject to many uncertainties, it is not possible to predict the ultimate outcome of these lawsuits or to estimate the loss, if any, which may result.
The Region's insurers have been advised of these claims and are cooperating with the Region in the defence of these lawsuits subject to policy deductibles, limits, and terms and conditions.

SCHEDULE 1

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2006

	Budget 2006	Actual 2006	Actual 2005
Operating:			
Board costs	$ 190,700	$ 161,916	$ 147,365
Compensation - Benefits	2,092,400	2,035,255	1,381,319
Compensation - Salaries	11,469,665	12,436,349	11,323,336
Diagnostic imaging supplies	21,800	18,495	11,040
Drugs	231,347	181,463	151,437
Food	188,708	172,060	154,626
Grants to ambulance services	-	-	-
Grants to third parties	132,000	132,000	132,000
Housekeeping and laundry supplies	48,056	88,896	44,103
Information technology contracts	16,459	8,452	14,877
Insurance	72,813	67,823	73,435
Interest	3,200	2,549	3,019
Laboratory supplies	111,300	129,613	49,172
Medical and surgical supplies	226,440	208,091	242,754
Medical remuneration and benefits	1,294,068	742,141	1,267,627
Office supplies and other office costs	466,321	330,654	929,743
Other	1,311,302	1,900,070	1,442,416
Other referred out services	13,000	63,269	31,257
Professional fees	83,166	80,166	103,825
Prosthetics	-	-	-
Purchased services	224,650	122,843	107,204
Rent/lease costs	555,049	817,197	707,730
Repairs and maintenance	157,818	116,817	104,559
Service contracts	264,860	369,809	40,659
Travel	337,827	424,644	437,002
Utilities	374,455	329,791	241,803
	$ 19,887,404	**$ 20,940,363**	**$ 19,142,308**
Restricted:			
Amortization		$ 742,865	$ 591,668
Loss/(Gain) on disposal of fixed assets		-	-
Other		-	-
		$ 742,865	**$ 591,668**

SCHEDULE 2

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2006

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Battleford Credit Union	$ 356,124		3.50%	
	$ 356,124			
Term Deposits:				
Battleford Credit Union				---
	$ -			
Total Cash & Short Term Investments	$ 356,124			
Long Term				
Total Long Term Investments	$ -			
Total Restricted Investments	**$ 356,124**			
Unrestricted Investments				
Cash and Short Term				
Chequing Battleford Credit Union	$ (228,229)		3.50%	
Chequing Bank of Montreal	841,739			
Term Deposit BCU	200,000		2.95%	
Petty Cash	1,025			
Total Cash & Short Term Investments	$ 814,536			
Long Term				
Unite Pharmacist Share	$ 23,867			
Total Long Term Investments	$ 23,867			
Total Unrestricted Investments	**$ 838,403**			
Total Investments	**$ 1,194,527**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 1,170,660			
Total Long Term	$ 23,867			
Total Investments	**$ 1,194,527**			

SCHEDULE 3

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY and EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2006

INTERNALLY RESTRICTED FUNDS

	Balance, Beginning of Year	Revenue	Investment Income	Transfer to Investment in Capital Assets	Balance, End of Year
Ile a la Crosse Facility	$ 1,517,374	$ 8,735,000	$ 3,480	$ (5,117,483)	$ 5,138,371

EXTERNALLY RESTRICTED FUNDS

	Balance, Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Assets	Balance, End of Year
Ile a la Crosse Facility	$ -	$ 251,000	$ -	$ -	$ -	$ 251,000
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ -**	**$ 251,000**	**$ -**	**$ -**	**$ -**	**$ 251,000**

SCHEDULE 4

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

for the year ended March 31, 2006

	2006				2005		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Rose Diagneult	$ 8,650	$ 4,029	$ 7,789	$ 20,469	$ 14,738	$ 22,894	$ 37,632
David Seright	6,375	3,745	7,909	18,029	-	-	-
Board Member							
Louis Morin	4,750	2,539	3,863	11,153	7,025	8,029	15,054
John Janvier	6,720	4,556	7,044	18,321	5,975	10,283	16,258
Ross Macloed[2]	6,075	2,918	5,965	14,958	4,650	6,215	10,865
Tina Rasmussen	5,300	2,327	4,354	11,980	4,325	8,187	12,512
Yvette Morin	1,700	468	124	2,292	4,050	4,085	8,135
Dorah Montgrande	6,100	2,691	4,680	13,471	5,100	9,029	14,129
Gloria Apesis	5,075	3,363	5,864	14,302	5,200	11,298	16,498
Lester Herman	2,600	1,518	2,514	6,631	3,800	5,249	9,049
Annette Montgrand	5,575	3,451	5,463	14,488	4,850	8,700	13,550
Stella Laliberte	7,800	2,905	5,234	15,939	4,000	7,230	11,230
Arthur Diagneult	200	-	14	214	-	-	-
Duane Favel	1,400	561	1,333	3,294	-	-	-
David Seright	-	-	-	-	4,575	6,950	11,525
Total	$ 68,320	$ 35,071	$ 62,150	$ 165,541	$ 68,288	$ 108,149	$ 176,437

(1) Benefits includes employer CPP and all travel time.

(2) Term expired February 22, 2006.

(3) Includes expenses while sitting as a member of Regional Health Authority Planning Committee in 2005.

SCHEDULE 4A

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2006

	2006							2005 (Restated)			
					Severance						
Senior Employees	# of FTEs	Salaries[1]	Benefits and Allowances[2]	Sub-total	# of FTEs	Amount	Total	# of FTEs	Salaries, Benefits and Allowances	Severance	Total
Carol Gillis, CEO	1	$ 96,679	$ 1,266	$ 97,945	-	$ -	$ 97,945	1	$ 96,746	$ -	$ 96,746
Senior Employee, Position								-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Denise Desjarlais, Quality Care	1	58,624	2,792	61,416	-	-	61,416	1	57,499	-	57,499
Elaine Malbeuf, Director of Community Based Services	1	70,801	3,383	74,184	-	-	74,184	1	69,967	-	69,967
Lloyd Bullock, Director of HR	1	75,618	10,300	85,918	-	-	85,918	1	79,197	-	79,197
Ellis Canning, Director of Primary Health	-	-	-	-				0.6	52,205		52,205
Pat Malmgren, Director of Primary Health	1	89,623	7,378	97,001	-	-	97,001	0.3	25,148	-	25,148
Richard Petit, Director of Corporate Services	1	72,617	2,532	75,149	-	-	75,149	1	74,397		74,397
Zachery Solomon, Director of Finance	1	72,618	2,532	75,150			75,150	1	74,397		74,397
Total	7	$ 536,579	$ 30,184	$ 566,763	-	$ -	$ 566,763	7	$ 529,556	$ -	$ 529,556

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.

(2) Benefits and allowances include the employers share of car allowance, employee taxable education expense, personal allowance, relocation allowance, and RRSPs.

Board of Directors

DAVID SERIGHT, *Chairperson*, Buffalo Narrows

DUANE FAVEL, *Vice Chairperson*, Ile a la Crosse

GLORIA APESIS, English River First Nation, Patuanak

ARTHUR DAIGNEAULT, Buffalo Narrows

LESTER HERMAN, Clearwater River Dene Nation, La Loche

JOHN JANVIER, La Loche

STELLA LALIBERTE, Beauval

ANNETTE MONTGRAND, La Loche

DORAH MONTGRANDE, Buffalo River Dene Nation, Dillon

YVETTE MORIN, Ile a la Crosse

TINA RASMUSSEN, Green Lake

There is one position vacant at this time.

Gloria Apesis

Arthur Daigneault

Yvette Morin

Duane Favel

Tina Rasmussen

Left to rigth: Stella Laliberte, John Janvier, David Seright, Rose Daigneault - *Former Chairperson*, Lester Herman, Annette Montgrand, Dorah Montgrande, Ross Macleod - *former Board Member.*

In Memory of Keewatin Yatthé Board Members who have passed on

Rose Daigneault
CHAIRPERSON
ILE A LA CROSSE

PASSED ON NOVEMBER 2005

Louis Morin
FORMER BOARD MEMBER
JANS BAY

PASSED ON SEPTEMBER 2005

Governance and Transparency

The Keewatin Yatthé Regional Health Authority (KYRHA) is responsible for the planning, organization, delivery and evaluation of the Wholistic Health Services within the geographic area know as the Keewatin Yatthé Health Region. The Authority sets the direction through its strategic plan and through its monthly meetings with management and the public.

KYRHA is a twelve-member board with cross regional representation. Keewatin Yatthé does not have any formal committees as all discussions occur with the entire board (committee of the whole) in attendance. Board committees if required are established on an ad hoc basis to deal with specific issues as they arise.

The Chief Executive Officer (CEO) reports directly to the board and is responsible for establishing, recommending and monitoring all operations under the KYRHA.

The senior management team works closely with the CEO and is comprised of the Directors of Primary Health Services, Community Health Services, Human Resources, Finance and Corporate Services.

The following is a list of activities that the region has done to become transparent:

- Board meetings are open to the public and are advertised in local newspapers and media outlets in English, Cree and Dene.
- Meetings are scheduled with community leaders on a quarterly basis. This framework is the composition of the region's community advisory network. The community leaders are given the opportunity to give input and feedback to the board. The Board and Management use the meetings to provide information and updates on programs and services and to introduce initiatives and ideas.
- The use of newsletters, news releases and posting information on the website further enhances public transparency.
- The annual report is distributed across all areas in the region to enhance awareness on the regions' activities.
- Managers, coordinators and front line service providers attend interagency meetings to gain insight into community issues and to be involved in a team approach to community healing.
- Day Programs, Wellness Clinics and Friendship Days are provided on a regular basis giving the individual person in attendance an opportunity to come out and enjoy the company of other individuals attending these events. Events are scheduled monthly and posted on local radio stations and within the local communities. Events are focused on health promotion and disease prevention.

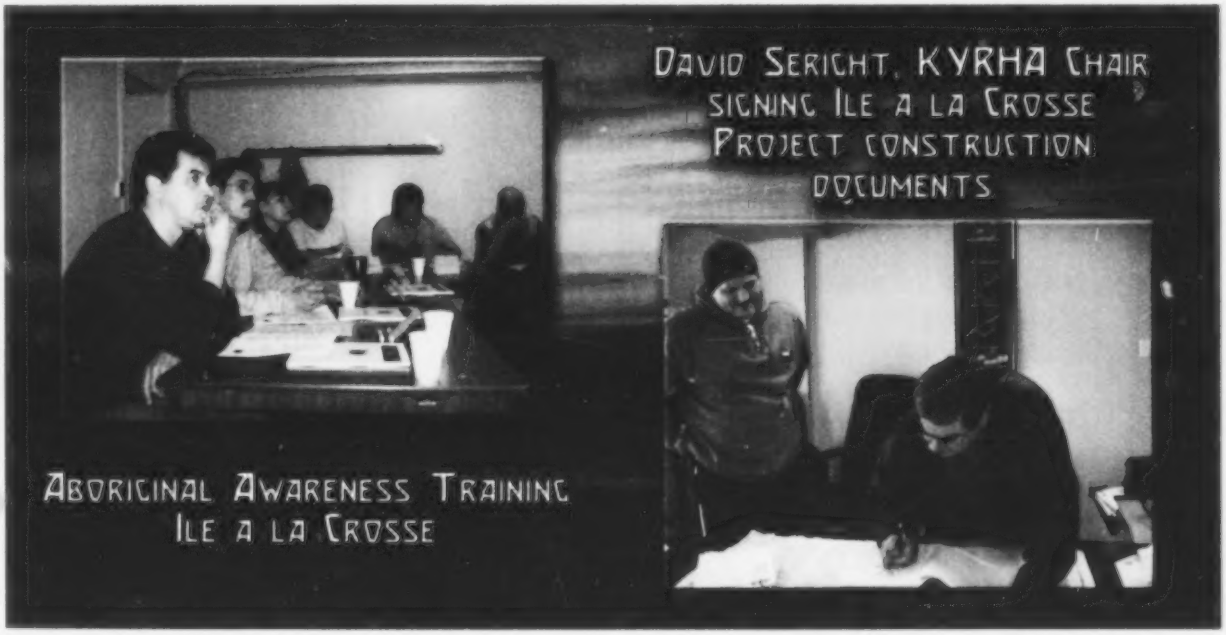
- The region has many partnership that have developed
- Individual requests
- The commencement of reporting to taxi operators about the allocation of trips.
- Policies are in all facilities and would be available to the general public, should they request in the proper manner.

    1. Representative workforce strategy is in Human Resource policy
    2. Hiring processes are detailed in the Collection Bargaining Agreement and Human Resource policy.

PAYEE DISCLOSURE LIST

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Keewatin Yatthé Health Region's 2005-06 Payee Disclosure List can be accessed at
http://www.health.gov.sk.ca/ph_rha_reporting.html


David Seright, KYRHA Chair signing Ile a la Crosse Project construction documents
Aboriginal Awareness Training Ile a la Crosse

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

DE LOS REYES, SONIA	$	186,572
MAH, MYRNA	$	160,062
AGUINALDO, ROSALINA	$	158,413
KELLER, GRACE	$	137,177
MCMILLEN, JANICE	$	127,380
SOLOSKI, ADOLPH	$	127,241
DESHARNAIS, SIMONNE	$	125,024
BALONE, FRED	$	122,934
ECHAVEZ, MARILOU	$	121,614
WELSH, BONNIE	$	110,686
NORMANDEAU, EMMA	$	99,676
FESALBON, ROSAL	$	99,147
GILLIS, CAROL	$	97,945
WALLACE, ROBIN	$	97,307
MALMGREN, PATRICIA	$	97,001
SAVOURY, HELEN	$	93,827
JOHNSON, ELAINE	$	91,183
IRON, TERRANCE	$	88,756
LARIVIERE, ANN	$	88,717
ALCROW, DOROTHY	$	87,505
SERIGHT-GARDINER, PEARL	$	86,699
MIDGETT, LORI	$	86,269
BULLOCK, LLOYD	$	85,918
DUROCHER, MARLENA	$	84,529
TINKER, PHYLLIS	$	81,442
COTE, KATHLEEN	$	79,146
REDIRON, SANDY	$	78,845
SOLOMON, ZACHERY	$	75,150
PETIT, RICHARD	$	75,149
MALBEUF, ELAINE	$	74,184
DUBRULE, ROBERT	$	73,639
COTE, DANIEL	$	73,505
CORRIGAL, ANNA	$	73,042
CAISSE, SHELLY	$	71,699
DUROCHER, PETER	$	71,107
LEMAIGRE, ANTOINETT	$	71,107
DILLER, RON	$	70,764
LISTOE, EILEEN	$	70,754
MCGAUGHEY, CALVIN	$	70,735
BAUMUNG, BRANDI	$	70,363
HERMAN, SIMONE	$	69,824
CLARKE, SANDRA	$	69,213
HURD, SHELLY	$	68,998
SHEWCHUK, JANET	$	68,708
MORIN, IDA	$	68,472
FORDE, MAUDLIN	$	67,283
JANVIER, CAROL	$	65,332
PICHE, BEATRICE	$	65,188
HANSEN, CINDY	$	64,838
ST. PIERRE, PRISCILLA	$	64,169
LEACH, KIRSTEN	$	64,133
CUMMINGS, RICK	$	63,684
GOLLAN, TAMMY	$	63,193
SAYMAN, LAILANI J	$	63,070
ROY, LOUIS	$	63,056
HERMAN, DEAN	$	63,041
PERREAULT, ARMANDE	$	62,996
MUENCH, LYLA	$	62,329
DAIGNEAULT, ROBERT	$	62,321
PALMIER, DEANNA	$	61,986
DUROCHER, MARTIN	$	61,870
DESJARLAIS, DENISE	$	61,416
PEDERSEN, LINDA	$	61,071
JANVIER, CAROL	$	60,506
RATT, REBECCA	$	60,417
MOYNAGH, MAUREEN	$	60,317
CHRISTENSON, CHRIS	$	59,843
BODNARUS, CARLA	$	59,196
ROMANOW, TERRY	$	59,129
LANGGAM, LOU SYLVE	$	58,712
RIEMER, ANN	$	57,432
GEORGE, DARLENE	$	57,191
KOSKIE, MEGAN	$	57,117
LEWIS, DARREN	$	56,901
CLARKE, DAWN	$	56,834
ROMANOW, MARK	$	56,186
CLARKE, IRIS	$	56,068
LEMAIGRE, VIOLET	$	55,819
UMPHERVILLE, WANDA	$	55,579
MONTGRAND, GLENDA	$	55,535
CLARKE, CRYSTAL	$	54,713
DUROCHER, AMY	$	54,128
NICHOLLS, MARLENE	$	52,871
KISSICK, MARGARET	$	52,734
BRADSTREET-METAL, MARY	$	52,425
BUCHKOWSKI, KRISTY	$	52,313
DAIGNEAULT, DIANIA	$	52,078

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

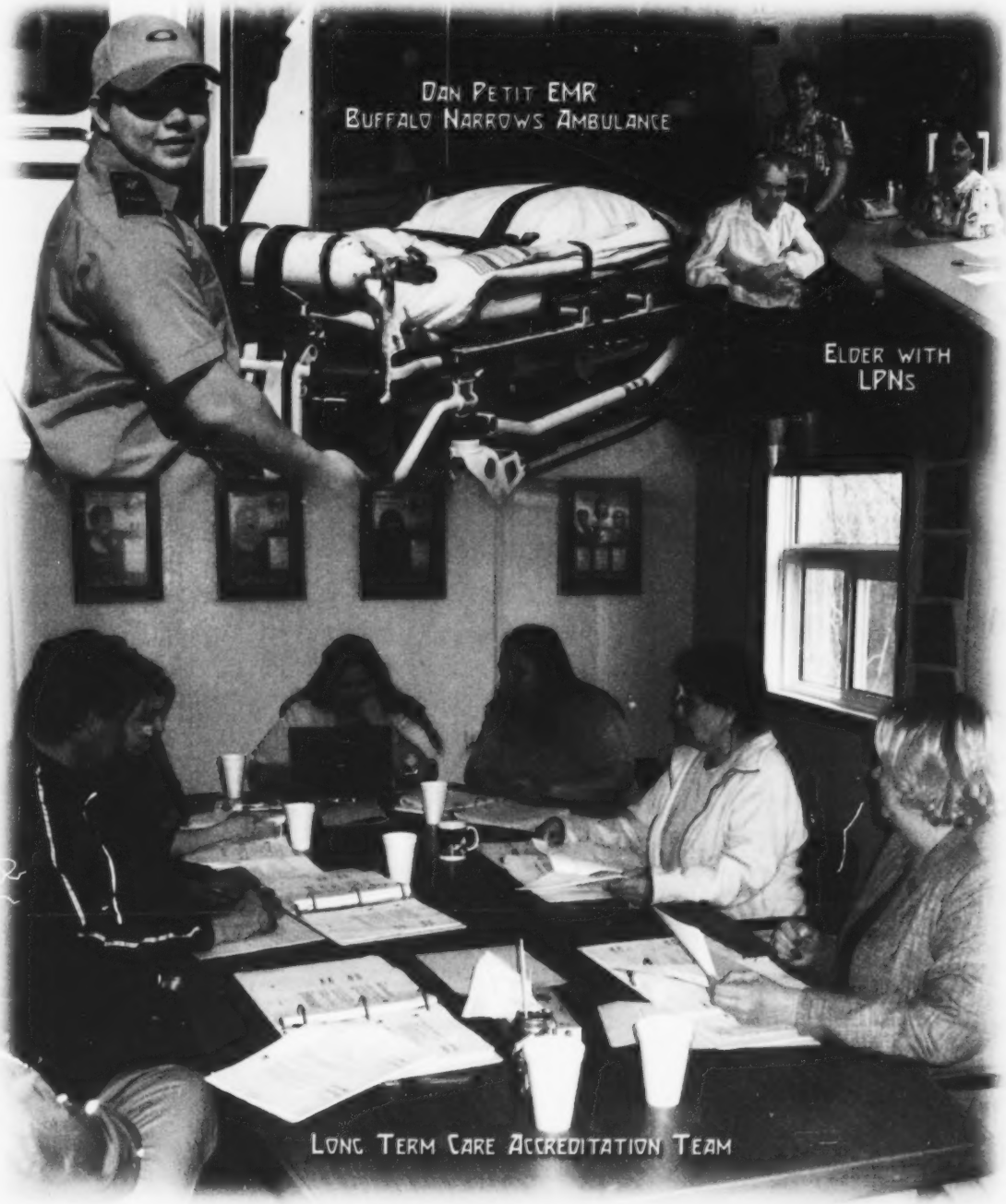
Meadow Lake Tribal Council	$ 90,000

Supplier Payments

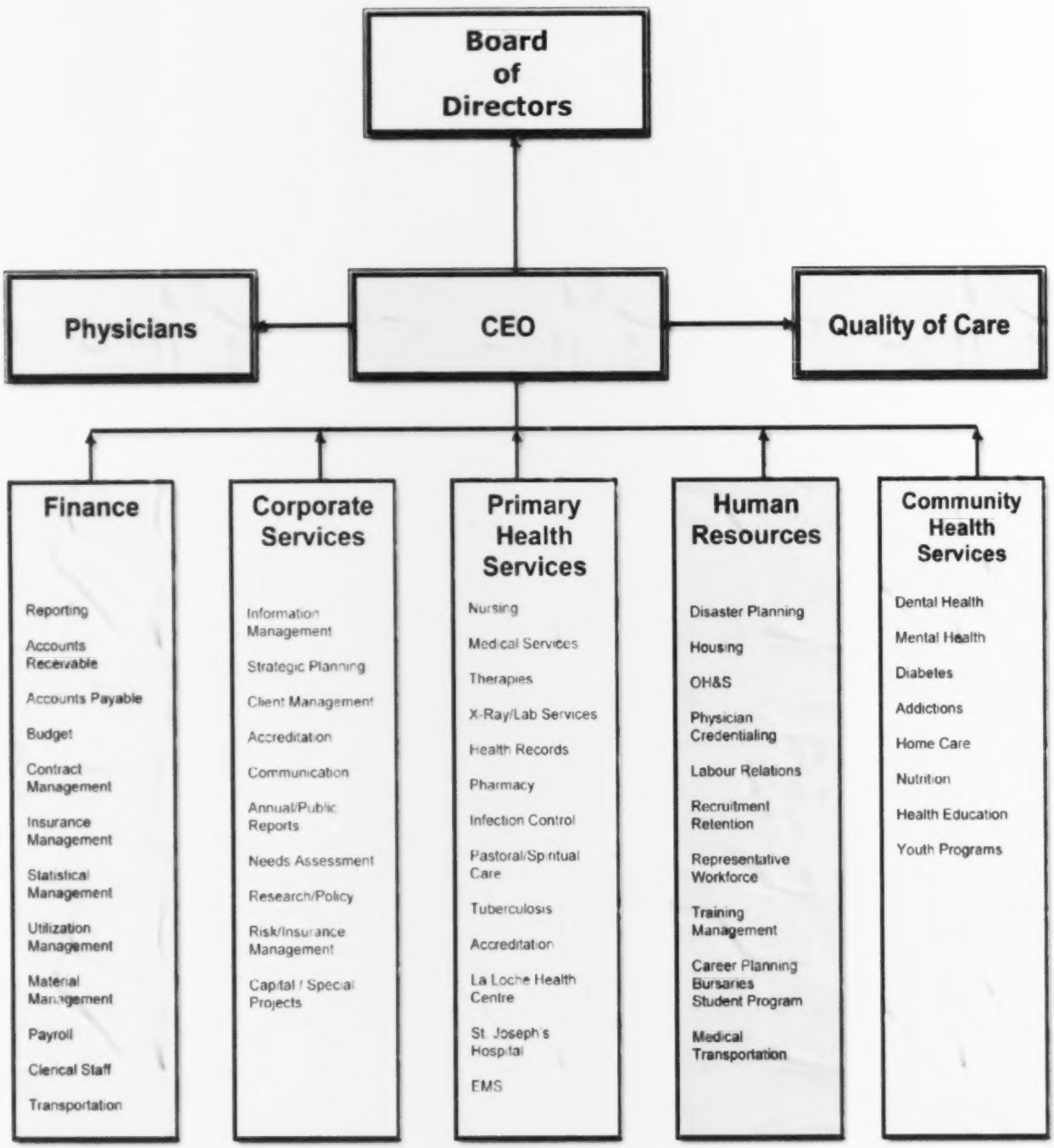
Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

GRAHAM CONSTRUCTION & ENGINEERIN	$	4,043,408
RECEIVER GENERAL FOR CANADA	$	4,035,972
SASK HEALTHCARE EMPLOYEES PENSION	$	1,017,700
AODBT	$	558,516
UNITED PHARMACISTS ENTERPRISES	$	328,771
MINISTER OF FINANCE	$	293,319
SASK. PROPERTY MANAGEMENT CORP.	$	269,266
DR. MIAKHIL	$	214,997
SAHO-I/S EN DENTAL EX HEALTH PLA	$	195,192
SASKTEL	$	166,871
DR. NICHOLS	$	159,005
D.L.P. CONSULTING LTD.	$	158,755
SYSCO SERCA FOOD SERVICES INC.	$	151,685
SASK. WORKERS COMPENSATION BOARD	$	241,159
CPDN	$	130,607
FEDERATED CO-OPERATIVES LTD.	$	126,067
SASK. HOUSING CORPORATION	$	119,222
SASK. POWER	$	117,009
MINISTER OF FINANCE - Sask. Property Management	$	106,936
POLAR OILS LTD.	$	105,499
SAHO-DISABILITY INCOME PLAN	$	103,350
MCKESSON CANADA	$	99,780
SAHO- CORE DENTAL PLAN	$	93,937
DR. THAKORE	$	93,347
MEADOW LAKE TRIBAL COUNCIL	$	90,000
BILL SEDWICK ENTERPRISES	$	88,227
ILE A LA CROSSE DEVELOPMENT CORP	$	81,810
SCHAAN HEALTHCARE PRODUCTS	$	76,914
NORTH SASK LAUNDRY	$	70,168
HUMAN RESOURCES SERVICES LTD.	$	69,566
PUBLIC EMPLOYEES PENSION PLAN	$	68,831
MEYERS NORRIS PENNY LLP	$	66,819
NORTHLANDS COLLEGE	$	64,750
SGEU	$	64,475
JOHNSON & JOHNSON MEDICAL PRODUC	$	64,216
THE GREAT WEST LIFE ASSURANCE CO	$	58,049
NORTH WEST AGENCIES	$	58,013
ABBOTT LABORATORIES CANADA - CA	$	57,954
LA LOCHE NON-PROFIT HOUSING CORP	$	57,640
M.D. AMBULANCE CARE LTD.	$	57,098

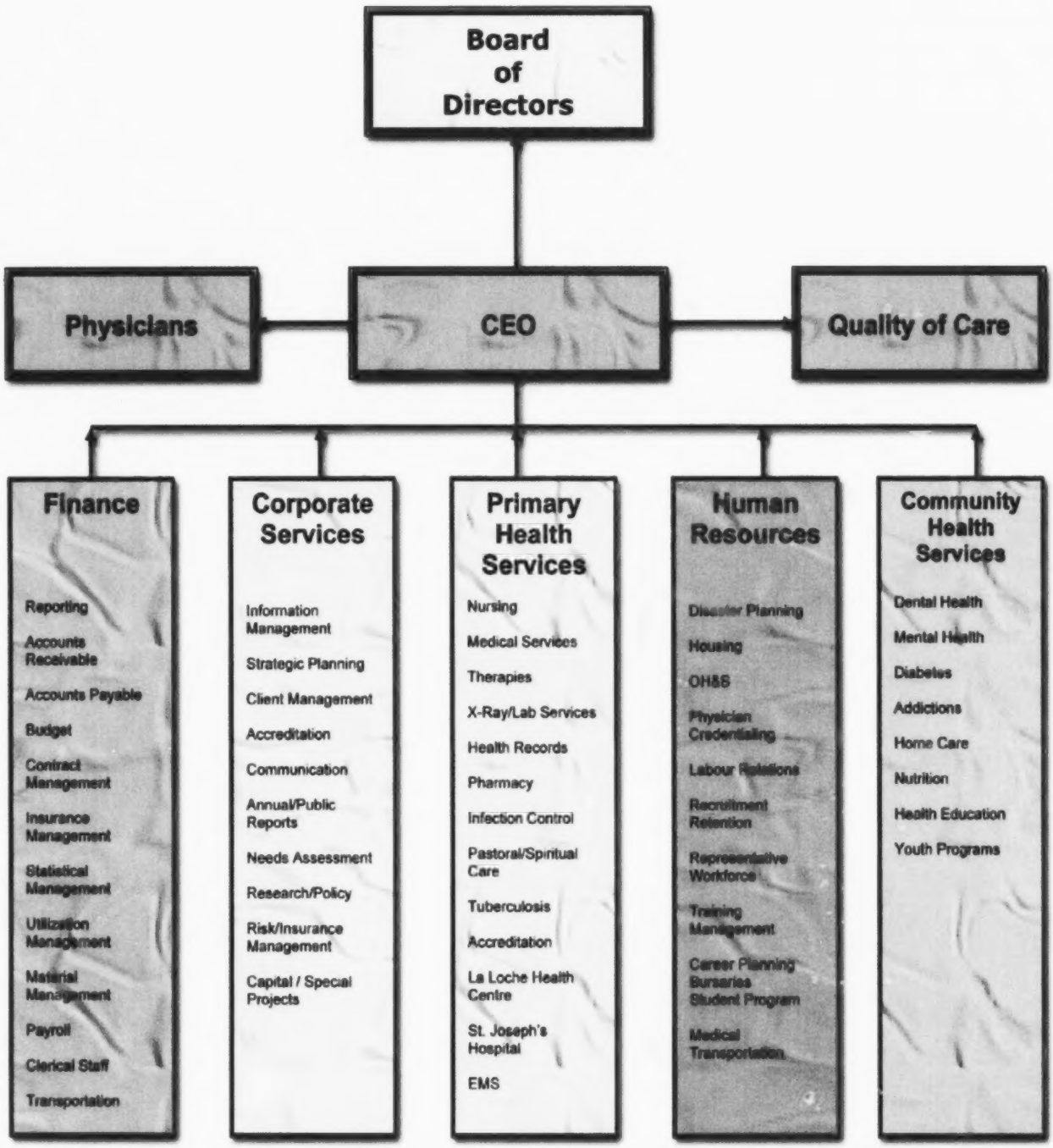
SAHO	$	54,067
NORTHERN VILLAGE OF ILE A LA CROSSE	$	53,947
METIS LOCAL #62	$	52,160
WYETH CANADA	$	51,449
STRYKER CANADA	$	50,553
SGEU - LTD	$	50,345



Organizational Chart



Organizational Chart



Performance Management Summary

In support of ***The Action Plan for Saskatchewan Health Care***, Saskatchewan Health developed an ***accountability framework*** and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the ***Performance Management*** document on the Saskatchewan Health website at:

www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*		06-07	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*		31	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*		78%	83%	58% – 96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*		100%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]		*data currently not available*	*data currently not available*	*data currently not available*	100% compliance
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	116.42	90.60	79.59 – 116.42	105 [5]
	HSAS	123.48	64.00	45.01 – 123.48	100 [5]
	OOS/OTHER[3]	57.91	48.09	30.44 – 61.87	50 [5]
	SUN	69.31	91.94	53.66 – 98.79	70 [5]
	RWDSU[4]	N/A	*not applicable*	*not applicable*	*not applicable*

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
	All Affiliations	103.96	85.18	69.24 – 103.96	90 [5]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	80.89	32.83	15.22 – 80.89	65 [5]
	HSAS	88.09	24.75	0.35 – 88.09	85 [5]
	OOS/OTHER[3]	.86	3.17	0.00 – 10.15	0 [5]
	SUN	426.41	72.44	24.61 – 426.41	375 [5]
	RWDSU[4]	N/A	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	130.02	38.06	17.96 – 130.02	111.7 [5]
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	131.31	*not applicable*	*not applicable*	*not applicable*
	HSAS	31.69			
	OOS/OTHER[3]	22.01			
	SUN	35.84			
	RWDSU[4]	N/A			
	All Affiliations	220.85			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		8.15	8.07	4.48 – 10.57	10 [5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		387.59	447.10	190.64 – 618.66	350 [5]
Percentage of employees self-identifying as Aboriginal *2003/2004*[6]		70%-90% estimate	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	73.7%	79.3%	73.7% – 80.2%	75 [5]
	HSAS	76.4%	82.2%	76.4% – 84.4%	78 [5]
	OOS/OTHER[3]	80.9%	84.0%	80.9% – 87.1%	80 [5]
	SUN	63.7%	76.0%	63.7% – 78.7%	65 [5]
	RWDSU[4]	N/A	*not applicable*	*not applicable*	*not applicable*

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
	All Affiliations	73.2%	79.2%	73.2% – 80.4%	74.5[8]
Financial					
Working capital ratio (current ratio) *2005/2006*		2.02	*not applicable*	0.36 – 2.02	*to be determined*
Number of days able to operate with working capital *2005/2006*		3.88	*not applicable*	(62.41) – 18.50	*to be determined*
Surplus/deficit *2005/2006*		($226,065)	*not applicable*	($1,507,000) – $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		(1.1%)	*not applicable*	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	YES	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	YES			
	Q3	YES			
	Q4	YES			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans[7] *2005/2006*		N/A	*not applicable*	*not applicable*	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005/2006*		N/A	*not applicable*	*not applicable*	100%
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2004/2005*		N/A	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[10] *2004/2005*	Child / Youth	7	*not applicable*	*not applicable*	*to be determined*
	Adult	14			

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[11,12] *2004/2005*	Stroke	N/A	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	N/A			
	Spinal Cord Dysfunction	N/A			
	Orthopaedic Conditions	N/A			
	Neurological Conditions	N/A			
	Amputation of Limb	N/A			
	Major Multiple Trauma	N/A			
	Medically Complex	N/A			
	Debility	N/A			
	Cardiac	N/A			
	Pulmonary	N/A			
	Arthritis	N/A			
	Pain Syndrome	N/A			
	Other	N/A			
Acute Care Services					
Number of surgical cases[13] *2005/2006*		N/A	*not applicable*	*not applicable*	N/A [14]
Percentage of surgical cases performed as day surgery[13] *2005/2006*		N/A	54.4%	39.0% – 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	N/A	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	N/A	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	N/A	84.2%	72.9% – 100.0%	80%
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		N/A	0.77	0.75 – 0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[15] *as at the end of Q2 2005/2006*		Data suppressed to protect information	22.2%	15.2% – 29.8%	*to be determined*

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	73.9	72.9%	50.0% – 86.5%	*to be determined*
	Measles	78.4	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	31.49%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	0	*not applicable*	0.00% – 96.43%	
	LA – Licensed Accommodations	30.17%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	12%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	21.23%	*not applicable*	21.23% – 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	40.2%	24.6%	20.8% – 40.7%	*to be determined*
	Females	42.4%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		63%	68%	57% – 75%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		60.4%	54.5%	35.7% – 80.9%	*to be determined*

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		100%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		0	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		YES	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		YES	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		YES	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		May 2007	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay[21] *2004/2005*	Average Length of Stay	N/A	14.4	11.1 – 18.0	*to be determined*
	Average Expected Length of Stay	N/A	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients[21] *2004/2005*		N/A	21.6%	17.9% – 30.3%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[22] *2004/2005*		56.8%	64.3%	56.8% – 72.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		10.5%	*not applicable*	3.4% – 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		6.0	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		4.5	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		24.5	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	861.2	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1126.0	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	165.7	222.9	63.5 – 376.5	
	Unintentional Injuries	2781.8	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	628.5	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[19] *1996*[24]	Males	61.8	66.6	61.8 – 69.2	*to be determined*
	Females	63.2	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[19] *1996*[24]	Males	8.7	11.2	8.7 – 12.1	*to be determined*
	Females	8.4	12.7	8.4 – 13.2	
Life expectancy (at birth)[19] *2001*[25]	Males	72.1	76.2	72.1 – 78.2	*to be determined*
	Females	76.1	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[19] *2001*[25]	Males	15.6	16.9	15.6 – 18.0	*to be determined*
	Females	17.2	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] *2003*[20]		51%	59.5%	47.6% – 63.7%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003*[20]	Overweight (BMI 25.0-29.0)	33.3	35.8%	31.7% – 41.8%	*to be determined*
	Obese (BMI 30.0+)	25.3	20.5%	16.4% – 27.2%	

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003*[20]	Active / moderately active	56.1%	49.8%	41.7% – 56.1%	*to be determined*
	Inactive	41%	47.8%	41.0% – 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	1115	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	62			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		90.8	*not applicable*	46.1 – 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	10.1	11.1	8.4 – 28.7	*to be determined*
	Females	9.9	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	15.8	14.9	10.2 – 23.0	*to be determined*
	Females	3.7	25.4	0.0 – 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

1. The content of this indicator changed from the 2004/2005 summary (the date of (last or scheduled) CCHSA accreditation, instead of the accreditation status).

2. Data on critical incident written report submission will always lag by up to 6 months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005/2006 fiscal year.

3. The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

4. The RWDSU category is applicable to Regina Qu'Appelle only.

5. Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

6. The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003/2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan".

7. MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.

8. CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.

9. SHNB indicator is applicable to Prairie North only.

10. "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

11. "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

12. Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

13. Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.

14. The 2005/2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

15. Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

16. The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17. The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004/2005 summary (July 1 to June 30, instead of calendar year).

18. Data on Tobacco Control Act compliance is currently not available due to system implementation issues.

19. Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

20. The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004/2005.

21. Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.

22. "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.

23. The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five).

24. Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005.

25. Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005.

26. Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.

KYRHA
2005 - 2006
FINANCIAL REPORT

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